Inaugural Address
ON
MEDICAL TREATMENT.

Delivered before the Midland Medical Society, November 11th, 1885.

BY SAMUEL WILKS, M.D., L.L.D., F.R.S.

GENTLEMEN,—When I was requested by your President and Council to deliver an address before the Midland Medical Society, I felt myself too flattered to have the courage to refuse; but since the time of acceptance my boldness has alarmed me, for I awakened to the thought that when the time arrived I might have nothing to advance worthy of the attention of so distinguished an assembly. After much cogitation and many flights of imagination into the realms of pathology and scientific medicine, in order to seek for some appropriate theme, I descended again to a lower sphere, and bethought myself it were wiser to take up some question of more universal interest. I propose, therefore, to address you on the well-worn theme, the Treatment of Disease. I adopt the expression as one most familiar to us, but use it in its very widest signification. The term can no longer be confined to the management of individual cases of illness, but must be extended to the whole of the medical art, including the prevention of disease and a supervision of the general bodily welfare of our patients. The idea conveyed in these various functions of the medical man so widens out that we are driven at last to ask the questions, What is the relation of the medical man to the public at large? What is the origin of his existence, and what, in fact, is his *raison d'être?*

The position of the medical man and his relation to the public may bear two interpretations, very different in kind, but both supported by able men. One of these I upheld in this town many years ago, when delivering an address before the British Medical Association. The view I took was no doubt due to my own mental tendencies, to what I believed I had learned from studying pathology, and from analogies in other branches of science, assisted by the ardour of comparative youth, and not retarded by any latent desire to grow rich. I was endeavouring to get rid of much which I had gathered from lectures and books, implying that diseases were so many entities suddenly attaching themselves to healthy individuals and throwing them into disorder, since I found, on the contrary, most diseases were slow in their progress, arising under conditions constantly surrounding us; that it was just as impossible for a healthy man to die of ruptured heart or of apoplexy as a gentleman of unblemished moral character to commit a murder or pick a pocket.

I maintained at the very beginning of my career that if on post-mortem examination we found a very thickened pleura, it was an assumption to say that this had resulted from a previous acute pleurisy, instead of taking the fact simply as presented to us as the effect of a slow growth. Pathological processes thus became, in my mind, closely similar to what is observed to be going on in the world at large, especially in the earth beneath us. As the changes in the globe were not sudden nor the result of catastrophe, but due to the slow operations of conditions which are always present, and as in the same manner growth in the organic world goes slowly on, so did I perceive that the same law held good in all those processes which we call morbid.

I know great errors may be fallen into by drawing on supposed analogies, seeing that the resemblance assumed is the very thing to be proved; but in the present instance, in the case of pathology, we are dealing with the same laws—namely, the various physical, chemical, and vital—which we see in operation in the inorganic and in all departments of the organic world. The doctrine of evolution, compared with the older belief as regards this globe and all that is on it, is expressed by the idea that the "world is being made," in distinction to the older doctrine that the "world is made." Now, that which is true of the world at large is true of its component parts—is true not only of the building up of the body, but of its decay, and of the various morbid processes which take place therein. My early study of pathology showed how disease was slow in its progress, and that the affections called acute were but some accidental events occurring during its course or at its close.

Peritonitis was not idiopathic, but the ending of some chronic disease of the abdominal viscera, just as meningitis was the termination of some anterior affection of the brain. This line of thought may be extended to a better solution of many pathological states. I have elsewhere during this year[1] alluded to the very complex process going on in various diseases, and selected cirrhosis of the liver in illustration. The explanation of this morbid change is by no means complete by saying it is a plastic inflammation of Glisson's capsule, for there is also a new formation of ducts and vessels, and an opening out of fresh channels for the blood.

We might take, again, the instance of stone in the bladder, of which a section is made, and the various layers pointed out as having been formed successively as deposits from the urine. Now it is difficult to understand how the character of the water should have been thus ever varying as regards its constituent salts in order to allow of their deposition. Therefore, might it not be more probable that the formation of the calculus was slow, and from its very centre to the circumference changes had been going on up to the time of its removal, somewhat after the manner of the metamorphic rocks? In gazing at a glacier for the first time, we might exclaim, Here is a falling stream or cataract which has become suddenly frozen; but we know that it never had any pre-existent state of the kind. And in a somewhat similar manner, a friend, on looking at a patient's arm with the skin all red, contracted, and shrivelled, might say, Here is the result of a burn; but I answer, No—this cicatriform-looking surface was formed slowly just as you see it, and we give it the name of keloid.

Supposing, then, that pathological processes are slow in their progress, and that they are due to conditions always surrounding us in the food we eat, or the fluid we drink, or the air we breathe—ought not these causes to constitute one of the chief studies of the medical man? Why do we see one of our patients at middle age developing a consumption, or another finding an early grave from Bright's disease? Surely there were a number of circumstances acting combinedly which set these maladies in operation. These should be discovered, and when discovered removed. What higher function can be assigned to the medical man than an attempt to elicit the different baneful influences which promote disease, and then endeavour to eradicate them? If one of his duties be the prevention of disease, he becomes the custodian of the public health, and his position is so exalted, and is placed on so firm a basis, that the importance of his status in society is at once fixed.

But there is quite another view of the medical man's function, which is this, that it should be made more directly applicable to modern life, and be altogether subservient to the will and wishes of the public. It is said that the first theory which I have propounded is eminently Quixotic; with all our study, we can never arrive at the causes of disease, much less remove them; our surroundings in life are too artificial. We know pure air ought to be breathed, and for the sustenance of the body so much fluid, albumen, sugar, and fat be taken in; but, as a matter of fact, our pabulum is introduced in a thousand different ways to please the palate, and to suit the habits of the country in which we reside. If a man eat and drink and breathe the mountain air like the hermit—

> "The moss his bed, the cave his humble cell,
> His food the fruits, his drink the crystal well—"

then his life would be a simple problem to discuss; but with our complex diet, to say nothing of the adjuncts in the way of alcohol, tobacco, and tea, with clothing most unsuitable, what does a knowledge of the amount of albumen and fat help us in discovering the kind of breakfast, luncheon, or dinner of which every man must partake? Seeing that the whole of life is artificial, is it not feeble, foolish, and vain, it is said, to endeavour to set up any authority as to what is wrong or right? We may prove satisfactorily the inutility

[1] Address before the British Medical Association at Cardiff.

of alcohol and tobacco, and yet at the same time witness the long life of our patients who are not sparing in their use of wine, or who may smoke to an inordinate extent. And if the doctor think he does know what is right, and makes an attempt to reform society, will society submit? and what thanks does he receive for his pains? The attempt, I say, is described as Quixotic, and therefore the doctor's function should be nothing more than an effort to relieve persons by medicine of the various troubles which necessarily arise in our artificial society, with the addition of a little advice as regards food or dress, remembering not to go too far to disturb the ordinary conventionalities of life.

From this point of view, the public are to be the judges of what they require; and it has been boldly put forth that the popular voice is to be regarded as the dictator of the profession. It is so in other trades: the grocer and cheesemonger do not dictate to the public what is the best article for their consumption, but supply the peculiar butter or cheese which the present taste or fashion demands. In like manner, people have pains and aches; they cannot sleep or digest their food; and they call into existence a class of men called doctors to administer to their wants. I do not require, they say, your pathology, or even advice, but give me something to ease my pain, to give me sleep, and some fresh diet for my jaded appetite. This, according to some, is the beginning and end of the medical man's calling. One is not surprised at its having disciples when one sees how lucrative is the method, and how futile it is found to offer to our patients improved methods of living or to try to prevent disease. Now, of course, I can have no sympathy with those views, but, on the contrary, feel that it is our duty to try to wipe away the stain when we find our profession is being sullied by the propagation of doctrines of the kind. We can easily see, if our sole business be to obey the patient's behests, to relieve him of local troubles, how the system becomes in the end the sheerest quackery, the mere offering of drugs for the removal of ills which the patient has portrayed for himself. This is what the public ask for, and not advice. I might take for illustration the case of the quack who has made a fortune out of the spermatophobists by treating the symptoms, and compare him with the case of a distinguished baronet, who probably never received a single fee for writing a most scientific and practical lecture about these very unpleasant people. The opinion of a highly scientific man, which might be of inestimable value, is discarded for the treatment of an ignoramus who panders to a mere sentiment of the patient, however foolish it may be. If public opinion is to be our standard, we are enabled to gauge its value by the price which it puts upon different men, and by this method we observe that the late Mr. Holloway was on the pinnacle of fame, for I believe the public valued him at about three millions of money, and since his death institutions have been raised to his memory, which will stand as guides or warnings to the profession as to the true aims and objects it should ever have at heart. For my own part, I have no hesitation in still adhering to the view, which I have always held, and which I have no doubt is the opinion of all of you, that the medical man's calling has a totally different basis—that it is necessary to lay a foundation in a knowledge of anatomy and physiology of the human body, and then make it one of our prime duties to study disease and discover its causes. The next step will be an endeavour to remove them, and, as far as we are successful in so doing, we are fulfilling one of the highest objects which anyone can attain to. When all this is accomplished, we make use of the best remedies we have to relieve our patients of the ailments which we cannot prevent.

A second very important function of the medical man is to study the course of diseases which have actually arisen, to observe the circumstances which favour or impede the recovery of the patient, and to note the best temperature, and the quality of air and food which is most conducive to his welfare. This is called the study of the natural history of disease, and it is remarkable how much has yet to be done in this department of medicine. There are many diseases, notably the specific, in which no drug has yet been found able to control them, or at least to arrest their progress; so that, at the present day, very little medicine is given in such cases as typhoid and the exanthemata. Few higher duties can devolve on the medical man than to make such diseases his study, watch their course, and bring them and his patient to a favourable termination. In cases like this, where he gives no medicine, he is never seen to so great an advantage, or to take a higher professional position. If he administers a drug, and pretends that this has been the instrument of recovery, he opens the door to the possibility of another remedy being considered superior to his in some more favourable case; but, if he maintains that the treatment required for the benefit of the patient is skill in its management, and that no one but he who has had a large experience can guide the case rightly throughout, he immediately assumes a superiority which no one can assail. So far from the doctor depending upon physic for his success, he never takes so high a position as when he gives none, and makes the friends of the patient stand aloof and rely upon his superior knowledge.

It is not only in specific diseases, which run a definite course, that a long and close study of the symptoms is necessary for their treatment, but in every other acute and chronic disorder there is a wide scope for further inquiry as to the conditions under which they occur and progress. We might take any organ we like—say the lung. One young man has pneumonia of the right lower lobe; it remains limited to that portion, and the lung then rapidly recovers itself. Another young man is attacked with an inflammation, which extends to the whole lung, and rapidly proceeds to a fatal termination. Now, supposing the individual peculiarities of these two patients to be the same, we ought to inquire into the different conditions in which the patient has been placed to bring about such unequal results. What are these, which have acted so favourably or the reverse? Or, if we take chronic diseases of the lung, as phthisis, there is much to be learned as to the conditions which may or may not favour its development. Every patient with this disorder is probably swallowing medicine, and some are seeking a foreign clime. They may be taking cod-liver oil, hypophosphites, and all the new antiseptics; but may there not be room for inquiry suggesting a treatment of equal importance in other directions? For example, is tubercle more or less likely to develop with increased activity of the lung? How is this important question answered? I will tell you. A young man goes to a medical man famed for a knowledge of chest disease. He has, of course, medicine prescribed for him; but he is especially anxious to know the value of exercise, and he is told to swing dumb-bells, to use his arms in rowing, to blow a wind instrument, and in every way to try to expand his chest. Being not altogether satisfied, he seeks the advice of another medical man, and the latter tells the patient it is important to keep the lungs as quiet as possible; and, in order to prevent mobility of the ribs, recommends a pad or kind of truss to be placed on the suspected side. Now, it seems to me a much more important question for the profession to decide whether the tendency to the development of tubercle is increased or diminished by exercise, than to discuss the merits of benzoic acid and the hypophosphites. So, in every other disease, there is much to be learned quite outside, and I maintain anterior to, the question of giving physic.

We occasionally meet with educated people who have a contempt for our profession, style it the *ars conjecturalis*, and assert that it has no scientific basis. I maintain that, in the discovery of the causes of disease and their prevention we are pursuing a strictly scientific method. If an agriculturist sees a particular crop fail, and, by a careful watching, discovers something injurious in the soil or an absence of some ingredient necessary for the plant's growth, and, in consequence, either removes the one or supplies the other, and sees his future crops flourish, it will be admitted that he is pursuing a rigidly scientific method. He cannot make his withered crop recover its vigour, but his knowledge enables him to produce a better one for the future. If a medical man knows that alcohol produces cirrhosis of the liver, informs his patient of the fact and removes it in time, he is pursuing the same scientific method as the farmer. If, also, under more complex conditions, he can discover the circumstances which favour or arrest the development of disease, and he acts upon his knowledge, he is still following a strictly scientific procedure. There is, therefore, I say, much to do quite outside and long anterior to the act of administering drugs for the cure or relief of symptoms. All systems, therefore, which begin with the cure by drugs are erroneous, narrow in principle, and savour of quackery, as making a direct appeal to popular feeling. The proof of this lies in the fact that all quackery consists in physic-giving, and nothing else. Take away the quack's pills, and there is nothing left; take away our Pharmacopœia

and there is a large basis of science and art still remaining for the benefit of mankind. The public care nothing for anatomy, physiology, and pathology; they come in contact with the medical man at one point only, and that is treatment; therefore, any system which makes this the prominent feature is sure to be popular. This is my principal objection to a widespread heretical system; for its foundation is physic-giving and the treatment of symptoms. Every lady can carry her medicine-chest in her pocket, with a little book containing directions for the use of its contents.

After considering these primary and important functions of the medical man, we eventually come to treatment by means of drugs and other agents. Now this method arose, no doubt, in superstition. If any part of the body was in pain, it was to be relieved by rubbing or applying something to it, something especially which could be felt, like heat or cold, and at the same time a liquid was put into the mouth. We see the process repeated every day in the streets: if a poor man fall in a fit or from faintness, he is pulled up on his legs or set up, shaken, rubbed, and various things, especially spirits, are forced between his lips. I feel some sympathy with these well-wishers, for every one of us must constantly find himself in a similar position and rather sorry plight when called to a house to witness a patient die of apoplexy, and the wife and daughters beseech us to do something to save his life. To get rid of their importunity and to occupy them, we set them all to work to make mustard poultices and such-like trifles. Old books on medicine or herbals will show how every known plant was dragged into the service of the materia medica, and very often a large number of them were combined together for medicinal use. There is no account ever given to show that their value depended on strict observation, but it is rather too evident that they were administered for the most fanciful reasons, as the colour of the flower, the shape of the leaf or fruit. It required the era of Bacon to discard all these fancies, and bring into force the method of observation and experiment. It would be interesting to know at the present time how many medicines are given from a knowledge of their use, and how many because we consider them likely to do good by simply following the dictates of our minds. I mean, when, for example, all of us, without exception, as far as I know, write down on a piece of paper, measuring six inches by four, some drug for every trouble which the patient presents himself with, it would be rather difficult for us to give always a good reason for our action. I think it is not difficult to see that our art had not a scientific basis, but, on the contrary, was, like all other arts of ancient times, formed out of the fancies of the human mind. What we have been doing since was not to begin afresh, but to take this huge materia medica, and gradually purge ourselves of the worthless articles, and endeavour to preserve those which time has proved valuable, and, further, to endeavour to discover, by observation and exact experiment, the true nature of their action. Of a large number of the most valuable of these drugs there is no history of their introduction into medicine. Many, however, still keep up their fame, though probably valueless, because of some physiological action which accords with a purely imaginary notion of the nature of the disease in which they are given.

As regards therapeutics as a science I will not say much, because opinions seem to differ as to the true method of investigation. Those who are the most esteemed cultivators of this branch of medicine believe that the method is first to observe the action of a drug on a healthy animal, or on man, and then make the result applicable to pathological states; and they thus raise pharmacology to a branch of science. For my own part, although not denying it, I have been reluctant to hold this view in its entirety, because the method has seemed to me to have so often failed when put into practice, and so brought discredit upon the therapeutic art. I speak with hesitation, because pharmacology is a branch of medicine above all others the most difficult to pursue, requiring a large amount of labour, of intense application, and a rigidly scientific mind, for the record of results, and I know how few are equal to the task. The select number who are engaged in it I regard as the most scientific men in the profession, and whether I look to London, to the provinces, or to Scotland, I admire them for the devotion they give to so abstruse a subject. Perhaps one ought not to impute blame to such men for all the inferences which have been drawn from their observations, and the applications of these to treatment. There is the well-marked example of Dr. Brunton's, where a correct application of a known action in a drug was made serviceable in the very first trial. I mean the use of nitrite of amyl in angina pectoris, owing to its ascertained antispasmodic qualities; but what other examples of a like kind come to mind? It is true that experiments with digitalis show similar results to those observed when it is given as a remedy in disease of the heart, but it is quite another thing to assert that the results obtained in the first place by experiments on animals would have suggested its successful use in the case of the feeble, irregular heart of mitral disease. But take other well-known drugs, especially those which the physiologist has found to have a well-marked effect on the animal system—as, for example, strychnia. This excites the spinal cord and throws the creature into movement; therefore it must be a remedy for paralysis. A human being cannot move his arms or legs, but this drug shall throw them into action. Now, I have seen hundreds, many hundreds, of persons with paralysis take strychnia, and I never remember to have seen it of any service. I should regard it as almost a useless remedy in this disease. On the other hand, it is most valuable in gastric and intestinal weakness, but I am not aware that its administration in these disorders was due to any suggestion of the physiologist. Take another drug, conium; the experimenter showed how it rendered inactive the motor columns of the spinal cord, and therefore it was a remedy for chorea. It was given largely, even to poisonous doses, and then put aside as valueless. It might have been anticipated that a disease which was not to be arrested by such powerful sedatives as opium or chloroform was not to be subdued by conium. Then, again, there is phosphorus; this was a scientific remedy because the brain contained it, but doomed soon to become ridiculous when the public believed their minds were being invigorated by swallowing zoedone. I never remember seeing more than one patient the better after taking phosphorus, and therefore I am bound to look upon this as a coincidence. In my private pharmacopœia I have attached to the word phosphorus the name "humbug." Another good example is the use of digitalis in disease, owing to its supposed physiological effects. I have within the last week seen it given in pericarditis, typhoid fever, and pneumonia in order to lower the rapidity of the pulse, and on different occasions in, I believe, every known disease where the action of the heart is quickened. No remedy at the present time seems more popular amongst medical men, but I have failed to learn that in a single instance it has had any marked effect. It seems to me, on theoretical principles, not possible that a remedy should act in the manner hoped for, when the rapidity of the heart's movements depends upon so many different causes; the only true way to discover its value is to make clinical observations of its action in the different diseases in which it is administered. The application of a physiological result to morbid processes, to my mind, in this and in many other cases, has been fraught with harm, and I cannot regard the method as truly scientific. Do not mistake me. I do not decry the knowledge obtained by an experiment on a healthy animal, for we ought to be in possession of this in order to compare it with the results observed in states of disease. It is one thing to deny that the action of bromide of potassium on a healthy animal would ever have led to its use in epilepsy, and another, to deny that its action on a healthy animal could assist us in explaining its use in epilepsy and other disorders. Or again, although experiments with arsenic would never suggest its great power in neuralgia and anæmia, they might throw a light upon its action when these effects are known. If it be, then, that we give medicines, not because their value has been proved, but because we think they ought to be useful, we have only got a few steps beyond the method of our forefathers, and have scarcely, I should say, reached the scientific standpoint. But I apprehend that human nature remains much the same; and therefore, when people are ill, they must take something. If there be any difference of treatment from past times, I may for a moment say that this is not due to any change in the constitution of human beings. There is not a single fact to support so preposterous a supposition, the only suggestion for it being that some senile doctor found that his patients did not necessarily die under his old treatment any more than they do under his new.

The difference of treatment from a former age is due, partly to an advance, but more to a change in fashion. Then it was thought that disease implied some over-activity in the part of the body affected, and it was to be knocked down by depleting measures—such as bleeding, general or local,

assisted by medicines of the nature of purges, emetics, and salines, combined with low diet. Now, the theory of modern medicine can be best exemplified by turning to the advertising pages of the medical journals, in which you will perceive that there is no insertion of any medicine of a lowering nature, and, if there were, not a single dose would be sold. Every patient is too low, and all the chemist's powers are exercised to produce strengthening remedies. After the clever combination of quinine and iron had existed for some time, strychnia was successfully added to them, and large was the number of people swallowing the compound. This continued until someone suggested the addition of phosphorus, so necessary for weak brains. As a fortune seems to be soon made with these invigorating compounds, we need not lament that it was soon to be superseded by a similar mixture combined with cod-liver oil. Then some wary rival found that these would not digest without lactic acid or pepsine, and a new compound was framed. Then, the articles of diet are all made on the same principle; the strongest essences of meat are sold, so that a spoonful is equal to a chop or pound of beef, and a little maltine is as invigorating and less injurious than a pint of beer. To prove the value of these things, I propose that a healthy chemist be taken, and made to live for a month, if possible, on his own essence of meat and maltine, with perhaps a few peptones thrown in. If he gets into a bad way, he should then be revived by chemical food—such as the lacto-phosphates, Siegel's syrup, or some good blood-restorer. I have intended to imply, as you no doubt comprehend, that we are too much in the hands of the chemists and druggists; and that, instead of administering simple remedies of known effect, we have been content, through laziness, to prescribe these popular strengthening compounds. In this way the therapeutic art will assuredly not advance; and it is equally evident that, if placed on a scientific basis, nothing could be more conducive to the death of all quackery. The latter could not exist if the prescribing a medicine implied a knowledge of its action and the proper occasion for its employment.

Since the discovery by Bernard of the regulating power of nerves over the smaller bloodvessels hopes have arisen that we had therein a clue to the operation of medicines, as well as an explanation of many morbid processes. A paralysis of the vessels, or their increased tension through the influence of the nerves, could explain almost every action in the human body. It was thought by one enthusiastic physician that in belladonna and strychnia might be found the universal remedies; the same idea was simplified by the substitution of heat and cold. It was certainly interesting to observe how the system could be made applicable both to surgical and medical treatment. If the physician, by giving an internal medicine, could by acting on the vaso-motor nerves increase or diminish the supply of blood to a part, and so arrest the morbid process, in like manner the surgeon could apply an astringent to an inflamed conjunctiva, or paint nitrate of silver on an erysipelatous surface, or, by a more mechanical way, arrive at the same end by strapping an inflamed joint or testis, or arrest a growth in a limb by tying the main artery which supplied it.

To me it seems strange that such a simple system should ever have been propounded, fascinating as the theory is, seeing how complex is the human body, and how manifold are the conditions falling under the name "disease." There was a time when a section of the profession thought that all changes occurred primarily in the solid tissues of the body, and the members were called "solidists," in distinction to the "humoralists," who thought all disease commenced in the blood. Now, if we prick the skin with the finest needle, we wound bloodvessel, nerve, and various cells, so closely are all parts united in the nutritive process. It may be true that the prime mover in one case is the blood, and in another the nerve, &c.; but it is quite impossible to separate the tissues for pathological purposes in the subsequent changes which take place. If fancy is to rule medical doctrine, we might have a third, for we hear our patients speak of a complaint flying from one part of the body to another, and then we should have the solid, humoral, and aerial pathologists.

That any general law of curing can be made applicable to the human body seems to me about as likely as some general method of putting a watch or steam engine to rights when out of order. No truth can be told in a few words. I myself have a great horror of formulæ; they are as false as telegrams, and, like proverbs, express one particular attitude of the mind, and that is all, for an exact opposite of every proverb can be readily found. I have a great sympathy with John Hunter in this respect, who says in his lectures, "Of all things on the face of the earth, definitions are the most accursed, for if you make a definition, you may bring together under it a thousand things that have not the least connexion with it."

I should be loth to discourage true therapeutics, since the scientific method of treating disease is one great desideratum, but, at the same time, the discovery of a substance which shall act in some powerful manner upon the organism is only a small part that is required. Judging from the immense number of medicines in use, and these daily increasing, one would think that the sole object of the physician was to discover new remedies. In looking over a list lately sent me by a chemist, I counted no less than fifty drugs whose names I had never before heard of, and the multiplication is still going on. It is not medicines which we want, but a better knowledge of how to use those which we already possess. It has been said that all we have to do is to treat symptoms, but I never could see the force of this reasoning. The symptoms must depend upon a cause, and unless we know their meaning and their origin, we cannot be sure whether we are right in treating them. Such a case as the following I constantly meet with.

I am asked to go a few miles from London to see a young man who has for some days been the subject of constant vomiting. The medical man told me that he had given every known remedy, when I suggested iodide of potassium. This he never heard of as a remedy for sickness, but, after listening to the lad's history, an examination of the eyes, and the discovery of a lump in the testes, he willingly gave it. After a few doses the sickness had passed, and the young man was in every respect better. The medicine had been operating on the prime cause, which, no doubt, was a gummatous substance on the brain.

I say, even if you have a remedy for symptoms, it does not follow that you should use it. For example, I once heard a medical man order some Dover's powder for a patient suffering from rheumatic fever. His friend objected to it, since it would increase the sweating and weaken the patient. "The very thing I should give it for," said the other, "for I believe the disease is really cured by sweating." You see it was not the question of some remedy, but whether a known medicine should be used or not.

(To be concluded.)

Clinical Lecture

ON

SUBACUTE ANTERIOR SPINAL PARALYSIS IN THE ADULT.

BY DYCE DUCKWORTH, M.D., F.R.C.P.,

PHYSICIAN TO, AND LECTURER ON CLINICAL MEDICINE AT, ST. BARTHOLOMEW'S HOSPITAL.

GENTLEMEN,—In continuation of a course of clinical lectures on system-diseases of the spinal cord, I bring before you to-day an example which is full of interest and more than usually satisfactory, inasmuch as it illustrates a termination of one of these formidable affections in what may be termed a practical recovery. These are the particulars of it:—

J. L——, aged twenty-three, a turncock, was admitted on June 23rd, 1885, to John ward, under my care. He was a tall, light-haired young man, and did not bear any aspect of delicacy. Three years ago he had enteric fever. There was no history or appearance of past syphilis or of lead-impregnation. The history was that he had been in good health up to three weeks before admission; he then began to suffer from numbness in the right foot, with sensation in it, in the early mornings, of "pins and needles." This was followed by stiffness in the right leg. Soon afterwards the left leg became similarly affected, and for two days past the arms had become involved, especially

the right one. There had been great wasting of all the limbs since these troubles began. For five days before he came in he had been unable to walk. He could not raise his arms to help himself in any way. The only noteworthy point in his recent history was that he had got a thorough wetting seven weeks previously. The organs of the chest and abdomen, with one exception, appeared natural. His urine was of low specific gravity (1007), and contained a trace of albumen. The sphincters were not implicated. Sensibility was everywhere natural; knee-jerks were absent. The optic discs were congested, but there was no neuritis. The right calf measured 11¾ in., and the left 11½ in.; the right thigh, five inches above the patella, 13¾ in., and the left the same. Muscles very flabby. Flickering fibrillary contractions were seen. Dr. Steavenson's electrical report on June 25th was that the reactions to the continuous current in both legs were normal; no increase of galvanic irritability. All the muscles reacted to the interrupted current, and there was no loss of faradaic contractility, and none of electro-sensibility. The temperature on admission was 99·2°, but it fell afterwards and maintained a mean of 98°, being generally subnormal. We placed this man upon a spring bed, covered by a hair mattress, and began treatment forthwith. Before detailing to you the facts of treatment, however, I must discuss the question of diagnosis. We had to do with a case of acute disease whose focus was manifestly situated in the spinal marrow. The main features of the illness were rapid muscular wasting, not localised, but generalised; loss of motor power in exact relation to this wasting, the sphincters being exempt; and no serious implication of sensory function. The symptoms began in one foot, spread to the other, and ultimately involved the arms, but went no further. Guided by modern knowledge of spinal function, there could be no difficulty in referring this man's condition to disease of the anterior horns of the spinal marrow, and possibly to the anterior roots of the nerves connected with them. A cornual myelitis would be the term used by some authorities to express the condition, but in truth we are not really in a position to be dogmatic as to the exact nature of the lesion in such cases. We are certain as to locality, and, by inference, from the sudden nature of the ailment, its tendency to spread rapidly, and not less perhaps by its tendency to recover more or less, we come to regard the lesion as an inflammatory or not very dissimilar one. Taking this view, and bearing in mind, too, Brown-Séquard's strong recommendation of belladonna in such cases, we ordered this drug in doses of half a grain of the extract four times a day, and applied to the whole length of the spine a broad strip of belladonna plaster. Light diet, with fish and milk, was given.

The inability of this man was very marked. He grew weaker day by day. On July 1st he could not stand, yet he said he felt more power in his legs. He could lift his feet off the bed. Tested with the dynamometer, he registered 5 kilogrs. with the left hand and 10 kilogrs. with the right, being right-handed. The albumen had left the urine, and the specific gravity of it was now 1025. The pulse was 104, of fair volume, but soft. He came fully under the influence of belladonna, having usually a flushed face, dilated pupils, blurred vision, and a furred and sticky tongue. He was also remarkably bright and cheerful, his mental state reminding one of the "gay" delirium which the text-books tell us to look for in cases of belladonna poisoning. The electrical phenomena in this case were not those usually ascribed to the state we had diagnosticated. The "reaction of degeneration" is said to be present in most cases. It was not met with in this man. Although marked wasting existed, the muscles reacted normally to galvanism and faradism.

Let us note the further progress of the case. On June 26th the constant electric current was ordered to be used daily to all the affected muscles. On July 1st the belladonna was increased to three grains daily. On the 4th the hands were getting stronger. Sensory disturbance was noted in the feet. If one foot was touched by a hand or by its fellow, there was a feeling, the man said, as though a wire brush was passed over the part. With the dynamometer the right hand registered 9 kilogrs. and the left 16½ kilogrs. On the 8th it was noted that the calves were still wasting, the left being the smaller. On the 15th the pulse was 100. The rapidity of pulse was probably due to the continued action of belladonna, which was fully kept up, six grains being now ordered daily, and some cod-liver oil in addition. The arms were improving in power; with the dynamometer the right registered 16 and the left 17 kilogrammes. He could now just stand erect outside his bed, holding on by the pulley. With the æsthesiometer the discrimination of distances between two points was equal on each arm. The two points were distinguished at a distance of 3 cm. on the base of the finger, increasing up to from 7 cm. to 8 cm. on the forearms near the elbow. On the legs the left appeared more sensitive, but there was no marked difference. On the ball of the toes the selection was accurately made, when the distance was 6 cm.; on the dorsum of the foot it was 12 cm.; on the front of the leg near the knee, 20 cm. to 30 cm. On the 18th the power in the legs was distinctly increased; the appetite and sleep were good. On the 20th the man weighed 8 st. 4 lb. The diet was improved at the end of the first week, and meat was added to it. The belladonna plaster caused some rash on the back, and was removed for a few days, but a fresh one was put on subsequently. On the 22nd, although the legs were gaining power, they continued to waste. This was a very curious fact. Belladonna was now withheld. Compound camphor liniment was rubbed into the arms and legs daily, and the quantity of cod-liver oil increased; Easton's syrup in drachm doses, thrice each day, was also ordered. The constant current was used daily. The patient could stand better, but not with his eyes closed. Measurement of right calf 11 in., of left 10½ in.; right thigh (5 in. above the patella), 12⅜ in., left 12¼ in. The specific gravity of the urine was 1026, and it was void of albumen. After this he began to walk a little with a stick. The legs appeared as very inadequate spindles for so tall a man. He was always very cheerful, and confident of his returning power. On the 29th he could walk without a stick. Measurements of legs same as before. With the dynamometer he could register 20 kilogrs. with each hand. He stated that his "hands and arms were as strong as ever they were." This day albumen was found in considerable quantity in the urine. On Aug. 1st, the walking had much improved. On the 4th he went down two flights of stairs and walked in the square, and came up again by himself. He could stand with his eyes shut. Measurements of legs increased: right calf 11⅛ in., left 11 in.; right thigh 13½ in., left 13½ in. Gained 2lb. in weight. With the dynamometer he can register with the right hand 24 kilogrs., and with the left 23 kilogrs. There was steady gain of weight and power afterwards. On the 8th the albumen in the urine diminished; small granular and hyaline casts were found. On the 12th the right calf measured 11⅛ in., the left 11¼; the right thigh 13⅜ in., the left 13¼. He had gained 1lb. in weight during the previous week. On the 15th the knee-reflexes had not returned in the slightest degree (it is assumed that he had had these before his illness). By the 19th he had gained 4lb in weight. The urine was now free from albumen; sp. gr. 1018. Two pints had been passed in twenty-four hours. There were no signs of cardio-vascular disturbance. He left the hospital on the 28th for two weeks' rest in the country, and returned to his duty as a turncock. Thus in three months this case ran its course.

I now introduce the man to your notice. You see that he is obviously vigorous and strong again. Some of you may remember him in a very different plight, when he could not raise his arms to his head or stand erect for a moment, and when his efforts to mount a chair in the ward were futile. He has been at his work for two months. He now weighs 9 st. 8 lb. Muscular flickerings are still visible in his arms. The right calf measures 12¾ in., the left 12 in. The right thigh, four inches above the patella, measures 15 in.; the left the same. The brachial muscles are also increased much in size and tone. With our new dynamometer he registers 115 lb. with the right hand and 97 lb. with the left. The knee-reflexes are still quite absent. His urine to-day is of specific gravity 1010, and presents a cloud of albumen, but no tube-casts can be found.

I have not hesitated to call this a case of subacute anterior cornual myelitis. We may be sure that no other tracts in the spinal cord were affected, or there would have been other and graver symptoms, such as sensory troubles in greater degree than he had, loss of power over the sphincters, and, above all, bedsore. And we may further believe that the parts of the cord chiefly involved were in the cervical and lumbar enlargements. It is noteworthy that the disorder began in the legs and ascended to the arms later; also that the parts recovered in inverse order, the arms regaining power first. The condition of the kidneys was remarkable. Albuminuria was fugitive. We must

suppose that there was some degree of nephritis present, for casts of the tubes were found.

Most of you are aware that a disease of the cord closely akin to that we have now been considering is not very uncommon in children, the term infantile or essential paralysis being applied to it. This disorder was long recognised before its intimate pathology was made out. Of the pathogeny of it, both in the child and in the adult, we are still in ignorance. This much is certain, that the disease seems to attack robust children and adults, and not those who by any obvious delicacy or vulnerable constitutional state might seem to be predisposed. Several names have been applied to this disease; you will find it described as polio-myelitis or tephro-myelitis, anterior, and anterior cornual myelitis. The morbid anatomy is probably the same at both ages. After thirty-five years of age you must not expect to meet with it. In children it is common for one or two limbs only to suffer; in adults there may be, as in this instance, more general implication of them. Recovery appears to be more common, and more complete also, in subacute cases in the adult. At the onset febrile symptoms have been noted, but not always. In children there is often pain in the back or limbs, simulating rheumatism or other joint-disease, probably due to hyperæsthesia. The paralysis is sudden and swiftly spreading, and groups of muscles in different limbs may be attacked by acute wasting. Faradaic contractility is rapidly lost, and the paralysed parts become cold. If no recovery occurs, the limbs fail to grow properly, and various forms of club-foot may ensue. In the adult such results do not of course occur. In the subacute form of anterior spinal paralysis we may believe that the congestive or inflammatory process, if it be such, does not attain the same degree of activity or so profoundly affect the integrity of the ganglionic cells of the grey matter of the anterior horns of the cord. There are doubtless several grades of intensity of such a process, and we may fairly assume this to be so when we find that recovery is not infrequent in cases of this kind. It is not possible to imagine that complete or grave destruction of the ganglion cells can have occurred when gradual restoration of function sets in and the consequent paralysis passes off, but such must have taken place in the class of cases where little or no improvement follows either after treatment or lapse of time. A case somewhat similar to the one I have related to you recovered lately under the care of my colleague, Dr. Andrew, the electrical reactions not being abnormal in that instance. We seem to need further observations on the exact electrical conditions present in these cases.

What are the therapeutical indications? It may be said that the disease is in many cases self-limited. It has its natural history, progresses so far, and tends to recovery. This is important to know; but while physicians should be familiar with the natural history of disease, their business is to prevent, neutralise, and curtail its ravages if they can do so. Medical art is the healing art, be it remembered. This is sometimes forgotten. I used belladonna in this case very freely. Brown-Séquard has encouraged us to employ this drug, believing that it is capable of controlling inflammatory processes in the spinal cord. Whether it is really of avail in this manner I cannot tell you. Professor Fraser has shown that it is a drug possessing very remarkable powers over the cord. It may have had no share in the recovery, but I am inclined to believe it had. I am not a sceptic with regard to the use of drugs, and if I ever became so I hope I should cease to practise. It is not the physician's business to watch the natural history of disease at the bedside, *and do nothing*. Despair never yet saved a life or helped a sufferer. I think, however, that we must also attach much importance to the electrical treatment applied to the muscles in the form of the daily use of the constant galvanic current. This certainly promotes their nutrition. So soon as amendment fairly set in, I had recourse to tonic and stimulant drugs as combined in Easton's syrup of the phosphate of iron, quinine, and strychnia; and with this, cod-liver oil, and good diet, the general nutrition of the man was certainly well-secured. The result, you will admit, has been eminently satisfactory. There is reason to fear that some chronic nephritis still exists. There is no dropsy. It may be that the severe wetting experienced before this spinal trouble set in induced nephritis. The albuminuria has been very intermittent. The man is working nine hours daily, and says he feels as well as ever he did. He will report himself to us at intervals, and I shall not fail to keep you informed as to his further progress. Such cases may suffer relapse, and fresh outbreaks occur in the cord. Should you meet with them in your future practice, I think I may fairly urge you to follow me in the treatment adopted in this instance.[1]

COMPOUND DEPRESSED FRACTURE OF THE SKULL.

EIGHT SQUARE INCHES OF BONE REMOVED; WOUND OF LONGITUDINAL SINUS; SECONDARY APHASIA; EMBOLIC PNEUMONIA; COMPLETE RECOVERY; REMARKS.

By JORDAN LLOYD, F.R.C.S.,
SURGEON TO QUEEN'S HOSPITAL, BIRMINGHAM.

THE following case of complete recovery after such extensive damage is sufficiently rare to justify its being recorded. I have never seen so serious an injury of the head followed by such perfect convalescence.

Henry P——, aged forty-two years, blacksmith, was admitted into the Queen's Hospital on the morning of May 7th, 1885, under my care. Shortly before admission a brick had fallen from a chimney-stack beneath which the patient was standing (a height of nearly eighty feet), striking him on the top of his head and felling him to the ground. He was picked up unconscious and brought at once to the hospital.

On admission the man lay with his eyes wide open as if perfectly conscious, but would not answer questions, and made no attempt to speak. Pupils equal, neither contracted nor dilated. Pulse quiet, 84. Right arm and leg rigid; he appeared to have no control over them. The left limbs were moved readily. The left eyelids were intensely purple, hard, and swollen. There was no bleeding from the nose or ears. On the top of the head, its centre corresponding to the junction of the sagittal and coronal sutures, was a huge wound with a deep depression in the exposed bones. The gap in the bone was 2½ in. long and 1¾ in. broad; the depressed portion was sunk nearly an inch below the surface, and was broken up into many pieces. A few minutes after admission he was seized with violent epileptiform convulsions; they began in the left facial and cervical muscles, and chiefly affected the left limbs and half of the body; they lasted a little more than a minute. During the preparation for operation he had two other similar seizures. Without employing an anæsthetic, crucial incisions 5 in. long were made in the bone, and the pericranium detached; then, by means of two long cuts with Hey's saw—one in front of, and the other behind the depression,—supplemented by a trephine hole at the right limit of the injury, the whole of the fragments, eighteen in number, were readily removed. These fragments, afterwards fastened together and preserved, measure on their cerebral surface 3½ in. across and 2½ in. from behind forwards. There was a transverse wound in the longitudinal sinus ¼ in. long, from which the bleeding was very profuse, and which was controlled by finger pressure on a pad of absorbent wool placed over the wound. A huge blood-clot was removed with the fingers from beneath both frontal bones, in quantity more than eight ounces. For this removal two fingers were inserted into the cranial cavity between the dura mater and the bones so far that the whole of the base of the left anterior fossa was readily felt, the crista galli being recognised and a mass of clot removed from the right fossa in its neighbourhood. A fracture could be traced from the wound, running the whole depth of the left frontal bone backwards along the root of the orbit towards the sphenoidal fissure. Another fracture ran along the temporal fossa and was lost below; opposite to this fracture there was a rent in the dura mater about an inch long. The clot in the anterior fossa probably came from meningeal arteries. At least twenty-five ounces of blood were lost before the operation was completed. Two drainage-tubes, each four inches and a half long, of the thickness of penholders, were passed beneath the frontal bone inside the skull down to the orbital plates. The skin flaps were sutured, and the parts dressed moderately

[1] Since this lecture was delivered Dr. R. A. Gibbons has kindly sent me a copy of a paper of his published in the "Medical Times" of Sept. 5th, 1885, in which he describes a case of acute anterior poliomyelitis in a boy aged nine years treated very successfully by belladonna in full doses.

firmly with iodoform gauze. He was very restless during the day and had to be forcibly restrained. He became conscious about an hour after the operation, but appeared not to understand anything about him.

May 8th: The patient can speak this morning, answering questions rationally, but slowly; can move arms and legs fairly well; complains of intense headache; no vomiting; pupils equal; pulse 120; temperature 37·9°.—10th: Wounds healed except at tubes; headache better; speaks fluently; paralysis of arm and leg almost gone; free thin serous discharge from drainage-tubes; pulse 96; temperature 38·9°.—11th: Appears stupid; will not answer questions, although he seems to understand them; restless and wandering; mouth foul, teeth sordid; less power in limbs; pupils equal; headache; no vomiting; pulse soft, 92; temperature 39·5°.—13th: Has not spoken since last report; aphasia is now complete, and is of the ataxic variety; restless; paralysis of limbs complete; micturition and defecation natural; pulse 96; temperature 38·1°.—18th: Is more intelligent in appearance and behaviour; when spoken to, after hesitation he emits a kind of meaningless grunt. There is returning power in the limbs.—22nd: Gradually improved since last visit. The patient spoke to-day for the first time since the 11th. He astonished the nurse by saying "Yes" in answer to a question, and by counting from 1 to 10, slowly, but quite correctly. No paralysis of face, tongue, or eye muscles. Mr. Priestley Smith examined both optic discs and pronounced them normal. Temperature 37·5°; pulse 90.—28th: He improved until the 26th, when the drainage-tubes, which had been shortened from day to day, were finally removed, and he gradually began to fall off in his general condition. To-day he has cough and rusty tenacious sputum; dulness, bronchophony, and bronchial breathing over the right base. Paralysis of limbs almost gone; is quite clear and rational in his talk. The temperature has gradually risen since the 25th, and is now 39·4°; pulse 108.—June 8th: The pneumonia noticed in last report is gradually clearing away, and he is feeling much better. Wounds have quite healed, except where two or three sinuses lead down to bare bone. He has been taking quinine, dilute hydrobomic acid, and brandy. Temperature, 37·4°.—27th: Has gradually improved since last report. He is allowed to get up for the first time, all remedies being discontinued. Temperature 36·9°.—July 6th: Was made an out-patient, being apparently none the worse for his injury. There is a sinus at front wound which leads down to a large piece of bare frontal bone.—Sept. 3rd: An exfoliation, two inches and a half long, and consisting of the whole thickness of the bone, was removed through a three-inch incision to-day. Against our wish, he returned at once to his work at the forge, assuring us that no harm would follow, as he had been at work now for six weeks, and that he felt as well and could work as well as ever he did in his life. His power of smell appears unaffected in either nostril.—10th: Wounds soundly healed. There is a depression at the site of injury, into which half an ordinary-sized lemon can be readily sunk down to the surrounding level. It is thickly covered with hair, and is quite free from all signs of bony re-formation. Pulsation is hardly recognisable, but when he coughs the hollow fills up completely just for the moment. He remembers nothing of the accident. He felt no pain at the time of injury, and was surprised in the morning afterwards to find himself in a hospital.

Remarks.—A common brick, weight about 9 lb., falling from a height of eighty feet would attain a momentum by the time it struck the top of the patient's head—at least I should have expected so—sufficient to have killed immediately by cerebral concussion. Here, however, the resulting concussion was profound for a short time only, and had almost passed away by the time the patient was admitted into hospital. His symptoms then were those of compression; he was conscious but could not speak, Broca's convolutions being compressed by the blood-clot which was subsequently removed. The indications for treatment were of course clear enough, and the onset of epileptiform convulsions did away with the necessity for anæsthetics. Although so large a surface of bone was depressed and broken into eighteen fragments, there was no means of elevating or removing them until the overhanging edges of the outer table of the skull had been removed. Hey's saw is the best instrument for this purpose. It is quicker than the trephine, and with a blood-clot present between the bone and dura mater, as there was here, there is little danger of injuring the latter. The wound in the longitudinal sinus had been made by one of the fragments, and I regard it as one of the salutary incidents in the case. The large quantity of blood lost therefrom had, I venture to think, a restraining influence upon the inflammatory process subsequently occurring, and essential to repair. Local and general bloodletting are therapeutic measures, too much neglected in the treatment of injuries of the contents of the three great cavities of the body. The importance of examining for, and thoroughly removing, blood-clot is well shown in this case. Elevation of bone alone would have benefited the patient but little. The introduction of a finger into the cranial cavity until its tip is felt to be exploring the base of the skull might at first sight appear like meddlesome interference; here, however, it was necessary for the removal of the compressing blood-clot. The fractures which ran down from the gap in the vertex to the base are common enough, and their existence should always be borne in mind in severe injuries of the vault; it is seldom that we have the opportunity of diagnosing them by a finger within the cranial cavity. The introduction of drainage-tubes deeply into the skull is no novelty; indeed, the first time drainage-tubes were ever used at all was in a case of this kind, and so long ago as the middle of the sixteenth century, by Ambroise Paré. The almost complete disappearance by the following morning of the hemiplegia and aphasia was a surprising fact, and pointed clearly to the absence of gross lesion of the brain tissue itself. Their return on the fourth day, and their subsequent somewhat rapid disappearance, were due to the process of repair—pressure from inflammatory exudation—in all the structures involved in the injury. The onset of pneumonia seemed to follow the complete withdrawal of the drainage-tubes, and might have been due to the disturbance of one or more small aseptic emboli which were carried to the lungs and started the inflammatory process there. I would call attention again to the patient's complete recovery. Since his discharge from hospital he has had neither loss of memory, headache, giddiness, nor disturbance of any of the special senses. He has no impairment of power in the extremities. He is at work as a blacksmith, and assures me that he handles the hammer as well as ever. It remains only to add that he has throughout his life been a heavy beer-drinker, and even at the present time he systematically ignores my injunctions of abstinence. I regard the patient as belonging to that class of individuals, not infrequently met with by the operating surgeon, whose tissues seem to be comforted rather than irritated by mechanical injury, and whose reparative processes never pass beyond what we might call the boundary line of "physiological inflammation."

FRACTURE OF THE BASE OF THE SKULL; RECOVERY.

By MERJIBHAI RUSTOMJI SETT, L.M. & S.,
HONORARY JUNIOR SURGEON TO THE BOMBAY EYE AND EAR INFIRMARY.

THE following notes of a case of very severe fracture of the base of the skull (the result of one of the now very common carriage accidents), with recovery, may be of interest.

Gulbye, a Parsi girl aged twelve, was seen, on Jan. 15th, 1884, lying in a lane near the French bridge against a very hard stone wall, in a large pool of blood, and wholly insensible. Blood was gushing from the left ear and nostril. She was removed in this state and put to bed as promptly as possible. The pulse was almost imperceptible; respiration very much embarrassed and stertorous; pupils dilated and insensible to light; temperature very low. There was deep ecchymosis of the left eye. There was no sensation or motion in the left arm and leg, save a spasmodic action occasionally. Ordinary restoratives being used, the pulse began to be felt, though very faintly. The head was immediately shaved, and cold applications were assiduously continued. The bowels had been constipated ever since the accident, and the urine was also retained. A large dose of calomel was effectively given, and a rectal enema was also used.

For nine days and nights the girl was lying in a precarious condition, quite unconscious, with involuntary evacuations and profuse bleeding from the ear and nose, now getting fetid and watery in colour and consistence. The tempera-

ture was ranging between 100° and 104°. On the tenth day consciousness was a little restored, though she continued in the same precarious state for three weeks longer. At the end of the fifth week the state of the patient improved in certain respects; consciousness was much more restored, and she tried to answer questions when spoken to; yet she was very restless. There was also great difficulty in swallowing. The temperature was occasionally high. The bowels and bladder still acted involuntarily. Facial palsy was marked. Vision of the right eye was found to be completely lost, though outwardly the organ appeared quite healthy. With the left eye she could see fairly well; the ecchymosis of this eye was also very diminished. The discharge from the ear, which was now wholly purulent, was still flowing pretty copiously (about two ounces in twenty-four hours), and had a very fetid odour. It continued for not less than ten weeks after the accident, and was the most prolonged and troublesome complication to treat. Motion and sensation now began to reappear, and by the end of the third month the patient made good progress towards recovery, and was fairly able to sit up in bed. Now a change was recommended, with a tonic plan of treatment combined with iodide of potassium.

The child's present condition (exactly a year after) is as follows:—She has a pretty healthy appearance; can walk over a mile without much fatigue, talks quite coherently, but prattles all day; remembers much of what she has learnt at school before the accident, and is able to hear sufficiently well, there being no more discharge from the ear. Of late she occasionally complains of attacks of epistaxis, which come on spontaneously without any apparent cause; but the chief complaint, which has rendered both me and my poor patient most anxious, is the loss of vision. She is completely blind on the right side, and can see but somewhat dimly with the left eye. With the ophthalmoscope atrophy of the optic nerve was observed on the right side, and hæmorrhagic spots, with choroiditis, on the left.

Bombay.

ON TWO CASES OF ABSCESS OF THE LUNG.

By ANDREW DUNLOP, M.D.,

CONSULTING PHYSICIAN TO THE JERSEY GENERAL DISPENSARY AND TO THE FEMALE ORPHAN HOME.

A. B——, male, aged fifty-three, was first seen on May 21st, 1883. For some years past he had been intemperate in his habits, but had enjoyed fairly good health until a week before I saw him, when he began to suffer from cough and shortness of breath. He was stout, with a somewhat dusky complexion, the capillaries of the face being well developed. He had cough, with scanty expectoration; respiration 40. On examination it was found that there was good resonance on percussion all over the chest on both sides, but that there were fine subcrepitant râles over the lower third of the right lung anteriorly, and over the lower two-thirds posteriorly. Heart normal; pulse 120, weak; tongue covered with thin brownish fur; appetite fair; bowels constipated, the stools being pale in colour; liver apparently enlarged, but it was difficult to make out the lower margin owing to the presence of abdominal fat and flatus in the intestines; conjunctivæ yellow; urine abundant, specific gravity 1035, containing a considerable amount of sugar; temperature 100°. During the next three weeks the chest gradually cleared up, the temperature became normal, he felt better, and began to sit up a little every day; but the cough continued, he did not gain strength, and the respiration remained at from 30 to 40, while the pulse was from 100 to 120. On June 20th some dulness on percussion with weak breathing was observed below the right nipple. This gradually extended upwards, until, in about a week, there was dulness, with almost inaudible respiration, up to the second rib. Posteriorly, there was dulness about two inches upwards from the base, with weak, rough respiration. At the end of June a prominence was noticed in the mammary region on the right side, its upper border reaching the upper margin of the third rib, and its lower being about two inches below the horizontal line of the nipple. Inwards, it reached the edge of the sternum; and outwards, it extended two inches beyond the perpendicular nipple-line. This tumour seemed to originate beneath the ribs, which were bulged outwards by it; it was hard to the touch, and the skin over it was œdematous. There was complete dulness all over it on percussion, while no respiratory sounds were audible on auscultation.

On July 1st, after consultation with Mr. C. Godfray, the tumour was aspirated and about ten ounces of pus withdrawn. The needle had to be pushed in pretty deeply before the cavity was reached. This was followed by some subsidence of the tumour, but by no alteration in the dulness on percussion, or by reappearance of any respiratory sound. After the aspiration the temperature was 100°, pulse 120, and respiration 44. On the 4th the percussion-note was found to be resonant from the fourth rib upwards, and over the upper part of the tumour there was indistinct, creaking, cavernous respiration. On the 12th large crackling râles were audible all over the tumour, with a crackle on coughing, and posteriorly there were subcrepitant râles all over the lung. At the end of the month the upper part of the tumour was less prominent, while at least the upper half of it was tympanitic on percussion, and a squelching sound was produced by quick and somewhat forcible pressure, the same sound being audible on auscultation when the patient coughed. All this time he had been spitting up an ounce or two of curdy pus daily; and since June 20th pus had been also flowing away from the puncture made by the aspirator needle to the amount of about one or two ounces in the twenty-four hours. There was a good deal of dyspnœa, the respiration ranging from 40 to 48, the pulse from 100 to 116, and the temperature being normal or subfebrile. From the end of July up to the time of his death on Sept. 17th, there was no great alteration in the symptoms or signs beyond slowly increasing weakness, and, towards the end, œdema of the legs. There was tympanitic percussion over the upper part of the tumour, which did not project so much as formerly, and over the greater part of it cavernous signs were audible on auscultation. Pus, with sometimes a little blood, continued to flow away from the opening. A few days before death abundant subcrepitant râles were to be heard all over the right lung. There was no post-mortem examination.

C. B——, male, aged thirty-eight, first consulted me on June 2nd, 1883. He was a man of intemperate habits, and had suffered from delirium tremens some years before, when he was told that he had "drunkard's liver." He had been in good health for a considerable time, however, until the beginning of May, 1883, when he began to be troubled with cough, accompanied by the expectoration of a dark prune-juice-coloured liquid of very fetid odour. His breath, also, was so offensive that his family could hardly come near him. During the latter part of the month he had two attacks of hæmoptysis, each to the amount of about two ounces. When first seen, in addition to the symptoms already mentioned, he complained of pain in the right mammary region, where, on examination, the breathing was found to be rather weak, and at one point an indistinct friction-sound was detected. There were no other abnormal chest signs. The heart was healthy, the tongue furred, the appetite fair, and the bowels regular. Nothing abnormal could be detected with regard to the liver. The urine was healthy. The temperature was normal. There was slight digital clubbing. During the following month there was little alteration in the symptoms except that on June 17th he had copious hæmoptysis. The expectoration was perhaps a little less fetid, and friction-sounds were heard more or less constantly in the right infra-axillary region. Early on the morning of July 1st I was hurriedly called to see him, and was told by the messenger that it was thought he was dying. When I arrived I found that he had been suddenly seized with hæmoptysis, and had brought up over a pint of blood. On examining some of it in a basin, I found in it three or four pieces of lung tissue, the largest of them being about an inch long and more than half an inch thick. The blood was dark, and had a most offensive odour. The hæmorrhage exhausted him considerably, but he soon rallied from the shock, and the hæmoptysis gradually ceased, being replaced in a few days by a fetid, thin, purulent expectoration, with sometimes watery prune-juice fluid. Till nearly the end of the month he was confined to bed, his temperature ranging from 99° to 102·3°, his pulse from 90 to 120, and his respiration from 26 to 40, but in the meantime steady improvement taking place. His chest signs were slight comparative dulness over the right mammary and infra-axillary regions, with weak respiration all over the lung, while here and there over the dull area a little subcrepitant râle could be heard. No cavernous breath-

ing or râle was audible. At one time a few patches of slight dulness were found near the base of the lung behind. By the end of August he was a good deal better, the cough was less, but the expectoration was still fetid, of a light colour, thin, and purulent. He had lost flesh, and had a tendency to diarrhœa. The chest signs were less marked, but the same in general character. In September he had two slight attacks of hæmoptysis, and he began to have daily fits of expectoration, generally in the morning, during which he brought up sometimes over half a pint of thin, stinking, purulent matter. It came up easily, with little or no cough. In the intervals he spat up a little of the same sort of matter, or sometimes the prune-juice-coloured fluid. The chest signs were much the same, except that there was slight dulness under the right clavicle. The temperature occasionally rose to over 100°, but there was no marked hectic. At the end of the month he told me that he had been weighed, and that his weight was the same as it had been a year before. At the end of October he looked thinner, his eyes were hollow, and he had some night sweats. He had now no prune-juice expectoration, but brought up a good deal of rather fetid yellow matter, occasionally streaked with blood. There was little abnormality to be found on the right side of the chest, except somewhat weak breathing in the right mammary and infra-axillary regions. The temperature remained normal. At the end of December he seemed to be losing flesh still more rapidly; the digital clubbing was marked, and the cough was troublesome, and accompanied by yellow and prune-juice-coloured expectoration. In the matter coughed up there were also frequent pieces of lung tissue, about the size of a pea. On examining the chest, comparative dulness was found on the right side from the upper margin of the fourth rib down to the complete dulness of the liver, and extending from the right border of the sternum three inches and three-quarters outwards. Respiration was almost inaudible over the dull area, where vocal fremitus and resonance were also feeble. The expectoration occasionally came up suddenly in large quantities. During January, 1884, he seemed to lose a good deal of flesh, his cough was distressing with copious fetid expectoration, and the temperature often rose to over 102°. On February 1st I was seized with typhoid fever, and did not see him again until after I had resumed work in July. He was then better than he had been for years, the cough and expectoration had ceased, and he looked stout and well. On examining his chest, I could detect nothing more than somewhat weakened breathing in the right mammary and infra-axillary regions, where here and there a slight crackle could be heard. The percussion-note was normal. He is now (July 1885) in excellent health.

The first of these cases was evidently one of simple abscess of the lung, while the second was one of gangrene, or gangrenous abscess. But though they differed in this and in other minor particulars, they had much in common. In both the patients were of intemperate habits, in both the right side was affected; and while in the first case there was reason to believe that some amount of chronic interstitial hepatitis existed, in the second there was a vague history of the same sort of disease. The question therefore presents itself: Did the inflammatory action spread upwards from the liver or its capsule in either or both of the cases, or did it originate in the lung, the result of deteriorated vital force produced by habits of life *plus* some unknown exciting cause? A question also arises with regard to the second case, as to whether it might not have been one of hepatic abscess making its way through the lung. The symptoms, however, seemed to me from the first to point chiefly to lung affection, and hepatic abscess is extremely rare in this country in a patient who has never been in the tropics, if we except small collections of pus of a pyæmic character, or due to inflammation and ulceration of the biliary passages or upper part of the intestinal tract. It may be mentioned that in the second case inhalations of carbolic acid were employed throughout the greater part of the treatment, and that they were so much appreciated by the patient that he continued them while I was ill. Whether they had any part in producing the favourable result is, however, difficult to determine.

THE sewage of the Cheshunt Local Board district is to be disposed of at a cost of £38,000, by means of an irrigation farm at present under cultivation in the Lea Valley, which is to be purchased.

THE CLIMATE OF WIESEN.

BY JAS. A. SEWELL, M.D.

THAT mountainous climates are now considered to be most powerful factors in the treatment of phthisis, the increasing number of cases sent every year to high altitudes abundantly testifies. Yet, while many high Alpine health-resorts in Europe are mentioned as being more or less suitable for winter residences, it would appear that, practically, the choice of climates is very limited; indeed, since last winter the bulk of the invalids was divided between two stations only. And even here there cannot be said to be any real choice, such modifications of climate as may exist between these two places being dependent solely upon their different altitudes. It is, therefore, a matter of primary importance to find high Alpine winter stations presenting essential varieties of climate which will allow of a *bonâ-fide* choice, and permit of the selection of the one best suited to particular types and phases of the disease and of individual temperament.

Such a choice is offered to us by Wiesen, in the Canton des Grisons, Switzerland—a place noted by some English medical writers on health-resorts, but comparatively unknown to the profession generally. It is to be regretted that it is not better known, since, in addition to the climatic features possessed by it in common with all high Alpine regions, Wiesen enjoys others peculiar to itself, which give it a climate of a separate and distinctive character endowed with curative effects of unequivocal value. It is well known that particular sections of country, though nearly allied with others in close proximity, are yet quite different in many most important meteorological conditions, such as the character of the air, force of the wind, effects of radiation, &c. Thus Wiesen, though in the same valley as Davos and but a few miles distant from it and also from St. Moritz, in the valley of the Inn, has climatic characteristics and qualities not possessed by either of these places, nor by any other high Alpine winter or summer resort at present available.

The advantages possessed by Wiesen are numerous, but only two need be adverted to now, and they are—(1) an entire freedom from all draughty winds, and (2) a relatively softer, less irritating, and less exciting air. These are advantages of undoubted force and import, and are obtained, the first wholly and the second partly, by the situation of Wiesen, and the configuration of the lands and mountains surrounding it. This can be at once understood by a consideration of its position. It is built on the steep southern face of the Wiesener Alp, a thousand feet above the narrow valley or gorge of the river Dandwasser, which here runs nearly due east and west, and it lies almost in the centre of a semicircle, the horns of the semicircle being formed to the west by the shoulder of its own Alp, thrown out toward the south and to the east by a mountain jutting out from the northern and running nearly to the southern range. Completely closed to the north and south, it follows that all winds blowing up or down the valley are prevented by these horns from impinging directly upon the station, and are only able to reach it as deflected currents and eddies. The great protecting influence of these covering points is being constantly proved by the manifestations of a strong wind blowing outside of them and in the opposite village of Jänesberg, while it is quite calm in Wiesen. The particular quality of the air, again, while due in part to the situation of Wiesen and the absence of draughty winds, to its position on so steep a slope and its height above the floor of the valley, is also no doubt sensibly affected by the extensive forests of spruce, larch, and pine, which cover the mountains and surround it on every side. A station, therefore, such as this, having all the more beneficial attributes of a high mountainous climate, and at the same time enjoying a modicum of wind, a temperature relatively higher and more equable, and an air less irritating and exciting, gives us a winter residence for certain classes of cases, which we did not before possess, and ranks Wiesen as one of the most important of all our high Alpine winter health-resorts.

As a summer resort Wiesen has long been well and favourably known, and in the season it is crowded with

visitors, attracted there by the beauty and grandeur of the mountain scenery, the great variety of charming walks and excursions, the coolness and salubrity of the air, and, perhaps not least, by its primitive and pastoral individuality. It is centrally and conveniently situated for invalids requiring change, and is, next to Andermatt, the most accessible of all our high Alpine health-resorts.

EXTENSIVE DEFORMITY AFTER BURN, TREATED BY RESECTION OF BONE.

BY ARTHUR NEVE, F.R.C.S. EDIN.

"IT may be considered a rule with scarcely an exception that cicatrices should never be touched by the knife." So says the writer in a well-known "System of Surgery," with whom most surgeons of experience will agree. Yet, probably, each one buys his own experience on this subject. The following case, surely almost unique in the extent of contraction, justified resort to exceptional measures.

A Kashmiri girl, of about ten years of age, was severely burnt in the arm three years ago. The burn must have extended over the whole anterior aspect of the arm, and have destroyed at the elbow not only the skin, but the deeper tissues. When admitted to the Mission Hospital in August, 1884, her hand was fixed to the shoulder by a web of cicatricial tissue extending from about two inches below the acromion to the styloid process of the radius. There was a large ulcer over the elbow, which showed no signs of healing; the whole skin of the arm being very tense.

As no cure could be expected by mild measures, the following operation was performed. Through a vertical incision at the elbow I cut the ligaments of the joint, stripped the periosteum from the lower three inches of the humerus, and removed that extent of the bone. The proximal four inches of both radius and ulna were then removed subperiosteally. The olecranon had been distorted, so that without excision of the joint the limb could not have been straightened, which was now, after division of the web, easily done. The ends of the humerus and ulna were fastened in proximity by a wire suture, and the incision closed. There was now left an ulcer at the incision, and a wound 4 in. by 3 in. in area on the anterior aspect of the arm, to heal which abundant lax skin was now available. The operation was performed under the spray, and gauze dressings with iodoform were applied.

The deep incision healed at once; the healing of the ulcer was slow, but satisfactory, though at first the base of the ulcer was rather sloughy. In the course of five weeks the elbow became firm, and, to our great satisfaction, powers of flexion and extension, pronation and supination, began to be exhibited. She remained some time longer in the wards. The wire suture was removed. A new-elbow-joint seemed to have been formed, with a range of movement of about 60°. There was slight recontraction, and, as I was absent in the Punjáb, nothing was done to remedy this. But the result was satisfactory beyond my anticipations; for at the time of operation the muscles were much atrophied, and the removal of the bones deprived many of them of their bony origins or insertions. The slow healing of the ulcer and general appearance of the arm satisfied me that none too much bone had been removed. The patient now has a useful and scarcely deformed limb, which I could have had no hope of obtaining in any other way.

Patients in this country will not submit to prolonged mechanical treatment. This has led me in five or six cases to try cutting and plastic operations, and with fair or good success. But in the more extensive contractions of limbs, removal of bone by shortening the limb seems to be the best treatment, as thus less extensive division of the cicatrix, tendons, &c., is required, while at the same time redundant skin is supplied. As far as I am aware this case is unique, but its successful issue may encourage others to bolder measures in dealing with the distressing deformities after burns which from time to time are met with in English as well as foreign practice.

Kashmir Mission Hospital.

SUPRA-VAGINAL AMPUTATION OF THE UTERUS FOR REMOVAL OF A SUBMUCOUS FIBROID, WITHOUT OPENING THE CANAL OF THE CERVIX.

BY WILLIAM FERGUSSON, M.D.,
SURGEON TO CHALMERS' HOSPITAL, BANFF.

J. J——, aged forty-one, single, was admitted into Chalmers' Hospital on May 7th, 1885, suffering from profuse menorrhagia and an abdominal swelling, which she had first noticed about eighteen months before. The swelling had been increasing rapidly; it was always smaller after the catamenial flow. She had one child seventeen years ago. After careful examination the swelling was diagnosed to be a submucous fibroid. She was treated medicinally until the beginning of July, with no improvement, but rather the reverse. At this time the fundus reached the umbilicus. She was very anxious to be operated on, as she was obliged to earn her living, which she was totally unable to do in her present condition.

On July 10th I performed the usual abdominal section, employing the carbolic spray and other antiseptic precautions. I determined to treat the pedicle, which was the cervix uteri, by the intra-peritoneal method; but, as far as I am aware, this procedure has not been employed before. It consisted in seizing the cervix immediately below the tumour with two pairs of Sir Spencer Wells' large forceps; the cervix being broad, they just met in the middle of it. About one-third of an inch below them I transfixed the cervix in two places, one on either side of the canal, by means of a strong curved needle armed with double silk ligatures (the silk had been boiled in a 5 per cent. carbolic lotion), so that the cervix was divided into three equal segments, which were then separately encircled by their respective divisions of the double ligatures, the middle segment requiring two knots, the one on the anterior, the other on the posterior aspect of the cervix; the cervix was now divided close to the forceps by a probe-pointed bistoury and the tumour removed, all other obstacles having been previously dealt with in the usual way. The stump of the cervix was quite pale. The peritoneum was not stitched over the cut surface of the cervix, which, the ligatures having been cut short, was dropped into the pelvis, and the abdominal wound sutured, &c.

The patient's recovery was excellent. Her temperature was only once at 100·4°—viz., on the evening of the fifth day, it having been 100° on the evening of the fourth day; after that it was occasionally 100° and 100·2°, reaching 100·4° once again on the twelfth evening, but it was generally normal in the morning and 99° to 99·6° in the evening. The abdominal wound healed throughout by first intention, being only dressed twice. She left the hospital, quite well and rapidly regaining strength, on August 26th.

Could it be proved that the intra-peritoneal method of treating the cervix, when it is the pedicle, was as safe as the extra-peritoneal method, it would doubtless be invariably adopted. The great objection to doing so is the difficulty of avoiding septic infection from the canal of the cervix. None of the usual precautions, such as stitching the peritoneum over the stump, were used in this case; consequently, if credit be due to anything at all, it must be to the complete closure of the cervical canal.

AMBULANCE HUTS.—Surgeon-General Longmore, C.B., and Mr. John Furley have each received within the last few days from the Empress of Germany a handsome medallion and a miniature silver easel for it to rest upon, "in grateful remembrance of their participation in the work of the jury for the competition of models for a field hospital." This competition took place at Antwerp in September. More than eighty different systems from all countries competed. The prize—a gold medal and 5000 francs—was awarded to the Danish portable Doecker huts, constructed by Messrs. Christoph and Unmack, Copenhagen. Some confusion seems to have arisen from the fact that an American gentleman, Mr. Ducker, exhibited a hut closely resembling the Doecker huts, and some American papers have been led to inform their readers that it was these huts that gained the prize.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

ANEURYSM OF THE COMMON FEMORAL ARTERY; LIGATURE OF THE EXTERNAL ILIAC ARTERY; CURE; REMARKS.

(Under the care of Mr. CHRISTOPHER HEATH.)

CASES of aneurysm in the inguinal region are always interesting, and the following (reported by Mr. Bilton Pollard, the surgical registrar) presents some points of special interest. The development of aneurysms in this part of the body is usually rapid, and in this case the increase in size was so speedy that œdema of the limb from compression of the veins by the tumour had become marked at the end of a fortnight from the commencement of the symptoms. The continued high temperature, leading to the supposition that suppuration had possibly taken place in or around the sac, was another point of interest, these aneurysms, from the size attained, being somewhat prone to suppurate. We would refer our readers to the remarks by Mr. Bilton Pollard.

J. H——, aged thirty, a stonemason, was admitted into University College Hospital on Sept. 15th, 1884. About eight years ago the patient had a chancre on his prepuce, which did not heal until two months after its appearance. His subsequent symptoms were not sufficiently definite to make it certain that he was syphilitic. About fourteen days before admission the patient was lifting stones, and in doing so strained himself. He was obliged to rest for a time; he felt very sick, but did not at the time suffer any pain in his thigh. In the evening of that day, however, and during the following day, he suffered pain in the upper part of his right thigh. He continued at work, and on the second day after the strain the pain had entirely disappeared; but on the seventh day after he suffered pain in his thigh, which was so severe as to prevent him walking. On the following morning the patient noticed a hard, pulsating tumour at the upper part of his thigh. He remained in bed; but as the tumour steadily increased in size, he came to the hospital, six days after the tumour was first noticed.

On admission, there was an indurated swelling just below Poupart's ligament, and directly in the line of the right femoral artery. The tumour was about the size of a hen's egg, but it was not distinctly circumscribed owing to the tissues around it being indurated. The skin over the tumour was red, but not œdematous. The tumour presented the ordinary local signs of an aneurysm, except that there was no bruit audible in it. The pulse in both posterior tibial arteries occurred simultaneously, and was of equal force in each. There were no signs of general arterial disease, and the heart was quite healthy.

On the day after admission an ice-bag was applied to the tumour, and iodide of potassium was administered internally. On the tenth day after admission there was much œdema of the right thigh and leg, the circumference at the middle of the thigh measuring four inches more than on the opposite side, and at the middle of the calf three inches more than on the opposite side. The pain was most severe, and both it and the swelling of the thigh continued to increase during the night. On the following day (eleventh after admission) Mr. Heath ligatured the right external iliac artery with a carbolised catgut ligature, by Abernethy's operation. The pulsation stopped at once both in the tumour and in the tibial vessels. The opening in the tendon of the external oblique muscle was sutured with chromicised catgut. Listerian antiseptics were employed. The pain which the patient had suffered in his thigh was relieved by the operation. On the day after the operation the temperature of the right leg was 2° lower than that of the left. Before the operation, and for five days afterwards, the general bodily temperature varied between 100° and 101°. From the fifth day to the thirteenth it ranged between 99° and 100·4°. On the fourteenth day the temperature rose, with the onset of a sore-throat, to 102°; the aneurysm was harder and free from pulsation; there was no return of pulsation in the popliteal or posterior tibial arteries, and the temperature of the right leg was 1° lower than that of the left. After the fourteenth day the temperature ranged between 99° and 101·6° until the nineteenth day, when it rose to 103·4° and afterwards it reached 101° to 103·6° at least once a day until the forty-first day after the operation. On the twenty-seventh day fluctuation was detected over the aneurysm, and it was thought possible that pus had formed around the sac, but there was no œdema or redness of the skin over it. On the thirty-fifth day, as the temperature still continued raised, the needle of an aspirating syringe was put into the fluctuating spot; no pus was found, but two ounces of dark blood flowed rapidly up the needle, due probably to a vein having been punctured; the aspirator needle was introduced again on the forty-second day, but no fluid escaped. Some pressure was also made over the operation wound, which had been almost healed since the fourteenth day, there being only a very small sinus left; some serous fluid escaped from the sinus as the result of the pressure, and continued to flow afterwards. The highest temperature on the forty-fourth day was 99·4°. On the forty-fifth day the operation wound was opened up a little with a director, and a quantity of serum escaped; two chromicised catgut sutures which had been used to stitch up the wound in the tendon of the external oblique muscle were removed; the sutures appeared unchanged to the naked eye, and microscopical sections showed that the leucocytes had only penetrated it in one or two places at the surface where the catgut was a little frayed. The evening temperature on the forty-fifth day was 99·6°, and on the forty-sixth 99·8°. After the last date the temperature fell, and remained about normal. On the sixtieth day some greenish pus was found on the dressing; some of this was stained with methylene blue, and was found to contain innumerable micrococci. Some sterilised gelatine was inoculated with some of this pus, and the green colour spread. The patient was discharged on the eighty-third day after the operation. There was still a slight discharge of serous fluid from a pin's-point sinus at the site of the operation wound. No pulsation could be detected in the popliteal or posterior tibial arteries. The patient has been recently seen, and is quite well.

Remarks.—The cause of this aneurysm, and of its rapid increase in size, is not quite clear. The patient was only thirty years of age. There were no signs of general arterial disease, and there was no albuminuria. Though it is not certain, it is nevertheless very probable that the patient had had syphilis. He stated that he had had a severe attack of rheumatic fever when he was twenty years old, but no signs of heart disease could be detected whilst the patient was in the hospital. There was, in fact, no site from which an infected embolon could have come, so it is not likely that embolism was the cause of it. The patient's occupation, that of a stonemason, was laborious, and he thought that he might have strained himself at his work. The sudden onset of sickness soon followed, by pain at the site where the aneurysm appeared seven days later, is noteworthy. So far as the aneurysm was concerned, the operation was most successful, but the patient's convalescence was very slow, owing to the high fever which persisted between the fourteenth and forty-second days after the operation. The wound had been perfectly aseptic throughout, and was almost healed on the fourteenth day. On the forty-second day some serum was squeezed from the sinus, and on the forty-fifth a quantity of serum and two unaltered chromicised catgut sutures were removed from the deeper parts of the wound, and the temperature then permanently fell. The only explanation of the high temperature appears to be that the sutures had set up sufficient irritation to cause effusion of serum, which, being unable to find an exit, was continually absorbed. The presence of micrococci in the green pus, together with the fact that the green colour spread in sterilised gelatine that had been inoculated with it, support the view that the colour of the pus in such cases is due to low forms of vegetable life.

CUMBERLAND INFIRMARY.

PERIOSTITIS OF INFERIOR MAXILLA FOLLOWED BY CELLULITIS OF THE NECK, RESEMBLING ANGINA LUDOVICI; DEATH; NECROPSY; REMARKS.

(Under the care of Dr. LEDIARD.)

FOR the notes of the case we are indebted to Dr. Leith Waters, formerly house-surgeon.

William G——, aged twenty-seven, labourer, living in Carlisle, was admitted on April 21st, 1884. The patient states that pain commenced in the left lower wisdom tooth some six days previous to admission, and a few days afterwards swelling appeared in the neck, and his throat became swollen. He continued at work, however, which was near some drains which had been opened beside the workhouse.

On admission he was seen to be a rather stout and robust adult. He was in some slight distress from breathing, which, however, was not quickened or in any way dyspnœal. There was a swelling on the left side of the neck, chiefly limited to the submaxillary triangle, but diffusing itself over the neighbouring parts of the anterior triangle and over the inferior maxilla (left side of) itself. This swelling was hard to the touch, as if the tissues were infiltrated, but no fluctuation could be detected anywhere throughout its extent. The skin was reddened. Through the partially opened mouth the palate on the left side was seen to bulge considerably into the buccal cavity, and all the tissues in the neighbourhood of the wisdom tooth and angle of the jaw on the left side, as also the palatal folds and left tonsil, could be felt as if œdematous and infiltrated. Odour very fetid. His voice was somewhat thick, but fairly clear. On tapping the left wisdom tooth pain was caused. He complained of considerable pain along the left side of the head and neck, and stated that he could not lie down, as then the pain became worse and the breathing more difficult. He lay in bed in the recumbent posture, the body being almost at a right angle with the legs. Four ounces of brandy were given.

April 21st.—Afternoon: Left wisdom tooth extracted; it came out easily. It is decayed, and the lining membrane (alveolo-dental periosteum) is distinctly inflamed. Some pus welled up from the cavity whence the tooth was extracted when pressure was made on the gum. The palatal swelling was then incised, but no pus came from it—only blood. Poultices were ordered to be frequently applied to the neck, and boric mouth-wash to be used. Evening: States that he feels somewhat easier. The tenth of a grain of acetate of morphia was given hypodermically. There is still considerable pain, and his nose bled during the early part of the evening.

22nd.—The swelling is increased in size and extent, the right side being slightly invaded, and there is some degree of cyanosis of the face. The patient had some sleep during the night. He was seen by Dr. Lediard, and ordered hot fomentations to be constantly applied to the neck, carbolic spray (1 in 120), and inhalation with hot water.—5.30 P.M.: Again seen by Dr. Lediard. Symptoms worse. Chloroform was given at the patient's request, and in the recumbent posture. Struggling began, and on the chloroform being given his movements ceased. Dr. Lediard made an incision in the middle line about midway between the chin and the hyoid bone. The tissues were found to be densely infiltrated, but no pus was evacuated. Meanwhile, the patient was observed to become slightly cyanosed, there being at this time perfect conjunctival reflex and firm clenching of the lower jaw, so that, as the cyanosis deepened and the breathing became more obstructed, it was with the utmost difficulty that the jaws were separated and the tongue drawn forwards. Breathing had then completely ceased, and the pupils had dilated. The heart, however, contined to beat. Tracheotomy was instantly performed, but with difficulty, through the densely and deeply infiltrated tissues. A tracheotomy tube was passed within a short time; but with artificial respiration by the direct method, the air went and came by the mouth. The patient gave, shortly after the commencement of the artificial respiration, one or two apparently voluntary gasps, but these ceased; and although artificial respiration was kept up, at first by the direct and then by the Silvester method, along with the application of the faradaic current, with one pole over the phrenic in the neck and the other over the epigastrium, the heart ceased to beat.

It was found after death that, from the obscurity of parts by the thickness of tissue due to infiltration, the larynx had been opened through its thryroid cartilage on the left side.

Necropsy, thirteen hours after death.—Rigor mortis well developed in the legs and arms. The superficial textures were all much thickened by serous infiltration; and when the deep fascia was dissected off the anterior triangle and reflected back over the sterno-mastoid, some thin dirty-coloured purulent fluid exuded from a glandular mass occupying almost the whole extent of the left digastric triangle. The whole quantity seen would not measure more than a drachm. A smaller quantity of the same fluid was seen in the same situation on the right side. The lower maxilla was now removed along with the muscles attached to its left ramus and the glands attached mainly to its body. The left palatal arch was considerably swollen, but the left tonsil only slightly. All the tissues in the neighbourhood (the left faucial folds, &c.) were infiltrated and œdematous. There was apparently in the substance of the internal pterygoid a sloughing purulent cavity. The masseter was very bulky. The periosteum stripped off with the very greatest ease from the ramus, and left an exposed surface unvascularised, and of a dull leaden-white colour. It contrasted with the periosteum of the right ramus, which was healthy in hue, and could not be easily torn or stripped off. There was a mass of gland substance adherent to the body and angle of the jaw, which, when cut into, emitted a drop or two of dirty-coloured pus. This mass was about the size of a small apple, and it was covered by a dense fibrous membrane. The anterior chain of the sterno-mastoid lymphatic glands was enlarged, each about the size of a small filbert. The larynx and trachea were removed with the tongue. There was slight œdema of the epiglottis, especially in its lingual aspect. The arytenoid cartilages and the arytenoepiglottidean folds were œdematous. Œdematous congestion of the mucous membrane of the larynx also existed. The vocal cords were cloudy. Heart: The right side was dilated with partly fluid blood and one piece of decolourised clot; the left ventricle contracted, otherwise healthy. Lungs congested.

Remarks by Dr. LEDIARD.—The carefully recorded notes of this case have been kept by me in the expectation that light would some day be thrown upon them, either by my meeting with a similar one or reading of the occurrence of one elsewhere. The cases published in the mirror by Mr. Arthur Barker in THE LANCET of September 26th are no doubt identical with my own; but the result, I regret to say, was far different, although the treatment was similar. No doubt it was a mistake to yield to the patient's demand for chloroform, the administration of which put a finishing touch to the impending asphyxia. Another error was committed in delaying the incision, but even when made no satisfactory result ensued, as pus was not found. Indeed, at the post-mortem examination the amount present was inconsiderable. The case seems to be of value when read with those of Mr. Barker, albeit the disease is fully described by Niemeyer.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Scarlatinal Albuminuria.

AN ordinary meeting of this Society was held on Tuesday last, Dr. George Johnson, F.R.S., President, in the chair. The President made some reference to the sad loss that the Society had sustained in the death of one of its honorary Fellows, Dr. W. B. Carpenter.

Dr. STEVENSON THOMSON read a paper on Scarlatinal Albuminuria and the "pre-albuminuric stage," studied by frequent testing. (Communicated by Dr. W. T. Gairdner). This paper gives the results of the examination of the urine of 180 cases of scarlet fever. Special attention is devoted to the first appearance of blood and albumen for the purpose of investigating the exact condition of the urine in the so-called "pre-albuminuric stage." The subject is considered under five heads:—1. "Period of occurrence of scarlatinal albuminuria." In this section the cases investigated are divided into two classes: (*a*) Cases of "initial albuminuria" occurring during the first eight days of the fever, while the symptoms are still acute; (*b*) Cases of "late

albuminuria" occurring at any subsequent period when the more acute symptoms are subsiding or have already disappeared. This classification is confessedly arbitrary, yet may be found of some practical value. 2. "Its frequency." On account of the limited number of cases examined, the results of the investigations upon this point are not, in themselves, of any great importance; but the frequency of mild and evanescent attacks of nephritis in scarlet fever is brought out very distinctly. The evidence seems to favour the view that nephritis is a feature of scarlet fever almost as essential as the rash or sore-throat. 3. "The relations which blood and albumen bear to each other in the urine of scarlatinal nephritis" are of importance, mainly in bringing out the fact that the so-called "pre-albuminuric stage" is a condition which is of somewhat infrequent occurrence, and in demonstrating the existence of what might be called a "post-albuminuric stage," in which the urine has characters very similar to that of the "pre-albuminuric stage." 4. "Pre-albuminuric stage," so-called. In this section the views brought forward differ considerably from those generally accepted. The presence of albumen as well as of hæmoglobin in this stage is demonstrated. The same is found to be the case in the "post-albuminuric stage." The presence of blood-corpuscles and of casts in both stages is also shown. 5. In this section "treatment" is briefly touched upon. A table is added at the end of the paper giving an epitome of the cases in which albuminuria existed.

The PRESIDENT referred to the importance of frequent and systematic examination of the urine in cases of scarlatina, and thought physicians would come across fewer cases of advanced renal disease than was the case at present if such a mode of examination were carried out. A man, aged twenty-five, first sought medical advice for failure of sight, and this was found to be due to albuminuric retinitis. After the discovery of this ocular mischief, albuminuria with granular and hyaline casts was detected, and five, ten, or fifteen years previously an attack of scarlet fever had occurred. It was not unfrequent to meet with such a class of case. This kind of case might be prevented from occurring if systematic examination of the urine during and after scarlatina were carried out. Picric acid did not precipitate mucin, it was the acetic and citric acids that threw down mucin. If a precipitate caused by picric acid became increased by heat, it was albuminous. Quinine and other alkaloids and peptonuria gave precipitates with picric acid, but they disappeared, and certainly did not increase when heat was applied. In testing for albumen, it was sufficient to pour a layer of a saturated solution of picric acid on the surface of the urine, and allow of free admixture at the area of junction.

Dr. CHARLES WEST spoke of the great value of the paper, which led us to believe that albuminuria was just as much a part of the disease as the sore-throat or glandular swellings. Heidenhain had shown that in some epidemics albuminuria was more frequently present than in others. With reference to the period of onset of albuminuria, in his experience the end of the first or beginning of the second week was the most frequent time. In by far the greater number of cases, if no albumen appeared by the end of the third week, this complication would not arise. If the urine maintained a high specific gravity and lithates were present, there was less danger of permanent renal damage, but our anxiety increased if the lithates and salts disappeared whilst the blood and albumen remained.

Dr. DICKINSON regarded the spectroscope as a less delicate test than the microscopical and guaiacum tests for hæmoglobin and red discs in the urine. Of picric acid he thought highly as a delicate test, but its delicacy was exceeded by the mercuric iodide test; the latter was, however, misleading, and the former he was not disposed to adopt as a practical test. Nitric acid and heat were still his sheet anchors in testing the presence of albumen in the urine. He was disposed to regard the nephritis as as much a part of the disease as the sore-throat or rash. In cases of malignant scarlet fever albumen and blood were always present. In some epidemics the poison, however, seemed to exhaust itself on the throat, and in others on other organs. With regard to the relation between the skin and albuminuria, authors had stated that cases of marked desquamation were most liable to albuminuria, but he did not feel so sure of this. Speaking of the influence of cold in the production of nephritis in scarlatina, he thought that the relation was not so direct as was usually asserted. He firmly believed that a granular kidney could arise from scarlet fever in which no definite symptoms of renal affection occurred at the time of the scarlet fever. On such grounds he would explain the occurrence in middle life of some cases of granular kidney with cardio-vascular changes. A greasy application, in his opinion, was prone to set up albuminuric disease, and this might be attributed to an occlusion by the grease of the cutaneous pores. He considered that such a practice ought to be discontinued.

Dr. S. EDWARDS referred to a paper in a recent number of the *Berliner Klin. Wochenschrift* on the occurrence of physiological albuminuria.

Dr. DOUGLAS POWELL thought that the value of the paper would be enhanced if such points as the temperature of the ward, the duration of the stay in bed, the kind of food, and the time of year were also recorded. A very large percentage of Dr. Thomson's cases had albuminuria, but he believed that this great frequency would be more readily understood if the above-mentioned conditions were inquired into. He did not believe in the view that in one epidemic the throat was more affected and in another epidemic another organ. With regard to the increased arterial tension, he was not sure whether this ought not rather to be compared with the increased tension that preceded inflammatory disorders generally, or with the presence of the uræmic poison in the blood.

Dr. OWEN FOWLER's experience spread over four years, and, comprising 2000 cases of scarlatina, led him to regard the end of the third week as the usual time for the appearance of definite albuminuria. In the first days of the fever a little albumen might be found in the urine, probably due to the high temperature. As to the frequency, he should have said that about 14 per cent. of the cases was the usual; 60 per cent. was, in his opinion, far too high a proportion. Salicylate of soda, &c., might cause albuminuria. He thought, also, that albuminuria could hardly be considered as a part of the disease. During the sultry weather that prevailed in the month of July it was not at all uncommon to have albuminurias and secondary sore-throats, probably from deficient atmospheric ventilation. In cold weather the number of cases was much fewer. As to treatment, he considered that three or four weeks in bed produced so much weakness that it rendered patients more liable to albuminuria. He generally allowed his patients to "get up" about the tenth day. Children would not keep the clothes on the bed, and so were better up, and less likely to take cold. Nitric acid was the best test for albuminuria, and this was his opinion after an extensive trial with other reagents.

MEDICAL SOCIETY OF LONDON.

Myxœdema in the Male.—(?) "Inclusion Cyst" of Abdomen.—Extensive Varicosity of Abdominal Veins.—Syphilitic Disease of the Brain.—Bullet Wound of Thorax.—Congenital Absence of Fibula.—Cutaneous Venous Nævus.

THE first clinical meeting of the session of this Society was held on Monday last, Dr. W. M. Ord, President, in the chair.

Dr. T. D. SAVILL showed a case of Myxœdema in a Male, aged twenty-nine. Slowness of speech and swelling of the face and limbs set in about three years ago. His mother was doubtfully a sufferer from myxœdema. The patient was born whilst she was affected with dropsy and slow speech. The father died with lead paralysis. The patient came under treatment for eczema of the arms, and had taken no notice of the swelling of the limbs and face and other symptoms. The face and speech were characteristic, and the œdema was present all over the body. The gums tended to bleed. He was subject to piles, and had morning vomiting. He had led an irregular life. The urine was normal in quantity, of neutral or acid reaction, pale and clear. It contained about 1·13 per cent. of urea, or less than half the normal amount. The temperature was 97·4° F. as a rule. There was a slight degree of anæmia and some disturbance of the choroidal pigment about the optic discs. The hair had fallen out. His height was only 4 ft. 11 in. There were fatty masses in the neck. Of 110 cases, only fifteen occurred in males.—Dr. W. M. ORD said it was a good case of myxœdema in the male. It was probable that there was some heredity in this disease. He could refer to

at least six or eight cases in which heredity was evident. Two daughters known to him were myxœdematous like the mother. Failure in excretion of urea was an important point, and he asked what was the total amount of urea passed per diem.—Dr. SAVILL replied about 240 grains.

Mr. J. H. MORGAN showed a healthy boy, ten years of age, who was first seen two years and a half ago on account of a swelling which lay to the left of and below the umbilicus. It was freely movable, especially towards the left flank. It was hard and smooth. There were no symptoms whatever. Purgatives had no effect on the size or presence of the tumour. Extra-peritoneal lipoma was thought of, but Mr. Morgan regarded it as an "inclusion cyst."—Dr. ORD inclined to the view that it was an "inclusion cyst."—Dr. BRAXTON HICKS thought there were all stages between a dermoid cyst and an included fœtus; these tumours occurred in the median line of the body.—Mr. R. DAVY made some remarks on the surgery of abdominal tumours of the kind in question, and thought there would be less danger in operating for their removal than in using a grooved needle for exploration.—Mr. E. H. FENWICK said that the tumour was near a disused passage, the urachus, and so confirmed Mr. Sutton's views (*vide* THE LANCET, p. 850).

Mr. E. H. FENWICK showed a case of Extensive Varicosity. It occurred in the person of a soldier aged twenty-nine, who when in Rangoon suffered from an illness during which a rupture of a hepatic abscess into the alimentary canal occurred. As the swelling of the abdomen diminished the legs and penis became swollen and the varicosities appeared on the abdominal wall. He suggested that there was plugging of the inferior vena cava and portal vein, which practically destroyed the veins in the valves and so allowed of the return of blood through unusual channels. Mention was made of the parumbilical veins of Schiff, which carried blood to the liver in this case, and also of veins which coursed along the urachus and transmitted blood from the umbilicus towards the bladder, and not in the opposite direction owing to the arrangement of the valves. The irritability of the bladder in this case was a sign of congestion of the abdominal vessels.—Sir JOSEPH FAYRER said that hepatic abscesses were frequently recovered from; though he had seen many hepatic abscesses, he had never seen one with such varicosity of the abdominal veins.—Dr. DE HAVILLAND HALL failed to see what evidence there was of obstruction of the portal vein. In a case that had been diagnosed as obstruction of the portal vein by Sir W. Jenner, the woman suffered from periodical attacks of profuse hæmatemesis.—Dr. W. M. ORD agreed with Dr. de Havilland Hall that the signs of obstruction of the portal vein were not present.

Dr. STRETCH DOWSE read notes of a case of Syphilitic Disease of the Brain in a woman who contracted syphilis eight years ago. In June of this year she was seized with intense occipital cephalalgia, constant vomiting and drowsiness, retraction of the head, and loss of vision. After this she had a second attack of a similar character. When she came under Dr. Dowse's care she could scarcely see at all; there were occipital pain, unsteadiness of gait, and marked neuro-retinitis, with hæmorrhages. All her symptoms ceased under the influence of mercurial inunction and salivation.

Dr. KINGSTON FOWLER showed a man, aged twenty-seven, who had received a Bullet Wound of the Thorax; the aperture of entry was situate in the left fourth interspace, damaging the fourth rib; its point of exit was on a level with the fourth dorsal spine behind and on the left side. A portion of the waistcoat was carried into the thoracic cavity, and hæmoptysis came on. An empyema formed in the left side, and was drained through the apertures of entry and exit. The patient coughed up the piece of waistcoat a week after the accident. He was first under the care of Dr. Protheroe at the Great Northern Hospital. There was now retraction of the left side, and he thought probably some tubercular mischief of the lung.—Sir JOSEPH FAYRER mentioned a somewhat similar case, in which, however, no portion of the clothing was carried in. Recovery took place in three weeks.—Mr. RICHARD DAVY asked whether antiseptic dressings had been used. It was a felicitous case, surgically and medically.

Mr. A. PEARCE GOULD showed a child with absence of the right fibula, deformity of the right foot and toe, also webbing of the digits of the left hand and left foot. There was a congenital groove along the front of the right tibia. Such cases were rare. He had exhibited a similar one before the Pathological Society. He also brought forward a case of extensive Venous Nævus of the left upper arm and shoulder in another child.

HARVEIAN SOCIETY.

AT a meeting of this Society on Oct. 15th,

Mr. A. G. SILCOCK related the case of a woman who was admitted into St. Mary's Hospital on account of Proptosis. Although no history of syphilis could be obtained, iodide of potassium was prescribed in 10-grain doses three times a day. After a lapse of thirteen days the dose was increased to 15 grains; seven days later purpuric eruption appeared, most marked on the legs. Arsenic was then prescribed in combination with the iodide, the rash disappearing after three days. The arsenic having been discontinued, the spots recurred in an aggravated form. Five minims of arsenical solution were again added, and this was followed in six or seven days by a disappearance of the eruption and by general improvement. Arsenic was omitted, the rash again returning after ten days, accompanied with malaise and some catarrh. After this the patient lost courage, and ceased to take her medicine regularly. A few months later the iodide was again prescribed, and once more slight purpuric spots appeared after a few days, when the drug was finally omitted, the case being regarded as one of exostosis or of ossifying chondroma. In his remarks, Mr. Silcock rejected the view that the effect was due to increased diapedesis such as is said to follow the intravenous injection of salines. Arsenic was prescribed in the hope that it might possess the same specific influence which attaches to its administration in bromide eruptions.—Mr. MALCOLM MORRIS alluded to the rarity of recorded cases of iodic purpura. The exceptional case published by Dr. Mackenzie deserved mention, the child having died from purpura after a single dose of 2½ grains. Even in the rash of bromide, arsenic after a time lost its beneficial effect. The paper was of great value as demonstrating that purpura was not a disease, but a symptom.

Mr. A. G. SILCOCK also exhibited a specimen of Pyosalpinx. The patient was supposed to have caught cold during menstruation. The symptoms were indeterminate, consisting of pain in the abdomen and discharge of pus from the rectum.

Dr. W. B. CHEADLE, in some remarks on the Treatment of Chorea, after referring to the failure of innumerable specifics and to the scepticism too widely engendered therefrom, declared his own belief in the value of medical treatment. Speaking from the careful notes of 160 cases observed during a period of eight years, he stated that the average duration of the disease, under treatment, had been five weeks (at the most, ten weeks and four days), whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic he had at last found an agent which did succeed. Todd as long as forty years ago had recognised its power, so had Babbington and Begbie, but dread of the poison had checked their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of arsenical solution with small doses of tincture of perchloride of iron. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others—viz., a bronzing of the skin analogous to that observed in Addison's disease. The staining was most marked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discolouration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, whilst advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the session was held on October 9th, Professor Jessop, F.R.C.S., President, in the chair.

After a few introductory remarks by the President, and the exhibition of specimens of Rectus Sternalis on the right side by Dr. Allan, one of Atheromatous Aorta by Dr. Griffith

and a Cyrtometer made of soft Britannia metal by Mr. C. J. Wright,

Mr. J. W. TEALE (Scarborough) read notes of two cases of Rectum Trouble, complicating other ailments. In the first case, the patient, a gentleman, exhibited symptoms of threatened phthisical mischief of the right apex. He suffered from obstinate constipation of long standing, depending, it was found, on fissure and tight sphincter ani. Under ether the sphincter was stretched, and after a few days in bed the patient recovered; the constipation was relieved, the lung symptoms disappeared, and he has remained for nearly two years in good health. In the second case, the patient had an enlarged liver and a history of alcoholic indulgence. He was unable to walk from gouty pains in the feet, and suffered agonies on defecation, when he always lost large quantities of blood. Under ether an extremely tight sphincter was relieved by stretching, with the result that the internal piles nearly disappeared, and the pain and hæmorrhage almost entirely ceased. The patient's health was gradually restored by baths and massage.—Mr. ED. ATKINSON related a case where paralysis followed stretching, and where galvanism had been applied with partial relief.—Dr. HUTCHINSON related a case where paralysis had followed the operation.—Mr. HARTLEY and Dr. S. C. SMITH spoke in favour of the operation of stretching the sphincter for fissure and piles.—The PRESIDENT remarked that he knew of two cases of death after incision, but he had never known any harm result from stretching; and he had had a special dilator made with strong and short blades in order to dilate more fully.

Mr. ATKINSON showed a child, aged nine months, who had been the subject of Congenital Right Inguinal Hernia, and in whom the bowel had descended daily when the child cried or was held upright, but reduced itself as soon as laid down.

Mr. ATKINSON also read notes of a case of Hepatic Cyst—abdominal section, aspiration of cyst, and recovery. Mrs. W——, aged thirty-two, a fat but healthy woman, was admitted into the infirmary on July 23rd, 1885, supposed to be suffering from intestinal obstruction. Five days previously she had taken a hearty dinner of meat and peas, and had eaten a quantity of uncooked peas afterwards. Soon after this she was seized with violent colic and sickness, which lasted all night. Next day her doctor ordered a senna draught, which purged freely. Vomiting then ceased, but the pain persisted. Tincture of opium was given and continued for three days. The pain, however, still persisted. Dr. Barrs saw her in consultation on the fifth evening, and sent her into hospital. Vomiting recommenced about three hours before admission. On manipulating the abdominal walls, a rounded tumour was felt in the right hypochondriac region, dull on percussion, and apparently continuous, with hepatic dulness; resonance over the rest of the abdomen; no retching, hiccough, or jaundice. Symptoms of a tendency to sink decided Mr. Atkinson, with the concurrence of his colleagues, to perform an exploratory operation. An incision five inches long, in the direction of the right linea semilunaris, was made through two inches and a half of fat down to the aponeurosis, and upon dividing this and the peritoneum upon a director the centre of the tumour was exposed. It fluctuated, and had the appearance of a tense, very thin membrane covering a dark fluid. Upon carefully passing the finger round its lower margin, Mr. Atkinson found the edge of the liver formed its free border, and that it occupied the whole thickness of the lobulus quadratus, bulging equally backwards and forwards, the gall-bladder lying to its outer side. It was thus evidently an hepatic cyst. On tapping it with an aspirator, four ounces of dark bloody serum were drawn off, and the cyst then collapsed. The intestine was not seen, but the flaccid duodenum could be felt. The peritoneum was carefully sutured with fine catgut, and the wound closed and dressed antiseptically. From this date she had an uninterrupted recovery, the temperature remaining normal. The dressings were not disturbed for eight days, and the wound healed by first intention. Flatus passed on the second and fæces on the fourth day, and the twenty-first day after operation she returned home well. There was no tumour to be felt, and no tenderness on pressure. The fluid, examined microscopically, was found to contain blood, granular débris, and crystals of cholesterine, all suspended in an odourless serum. There were no signs of hydatids. In his remarks, Mr. Atkinson said the history of the case was misleading, for it pointed to some intestinal lesion where none existed. The second period of constipation was evidently due to opium, while the local pain and vomiting seem to have been critical, and precursory of the impending rupture of the cyst; indeed, it afterwards seemed remarkable that the retching and the manipulations together had not brought this about.—Dr. BARRS said that when he saw this case at the patient's home she had all the appearance of one suffering from some intra-peritoneal catastrophe; and this, with a lump to be distinctly felt, seemed to him to indicate an exploratory operation. He did not think the cyst in the liver had any causal relation to the symptoms observed.—Dr. BRAITHWAITE suggested the more frequent use of a fine aspirating needle in such cases for purposes of exploration.

Mr. F. E. CANE read a paper on a case of Poisoning by Mercuric-Sulpho-Cyanide. The subject was a woman, who suffered from intense pain in the epigastrium, violent diarrhœa, and vomiting. She referred these symptoms to having taken two aperient pills bought from a neighbouring chemist. Mr. Cane treated her with milk and a mixture of laudanum, chalk, and olive oil. She was convalescent in eight days. Some time after the attack the aperient pill was found unopened and untouched, but it was discovered that a box of "Pharaoh's serpents," brought into the room by children, had been used instead. The box contained four "serpent's eggs," which are composed of sulpho-cyanide of mercury. They weighed about three and a half grains, and as the woman took two her symptoms were the result of seven grains. Mr. Cane pointed out that these "eggs" are sold without in any way complying with the rules of the Pharmacy Act.

At the ordinary meeting, held Nov. 6th, Professor Jessop, President, in the chair, after the exhibition of various specimens, Mr. MAYO ROBSON gave a brief record of all the cases under his care in the Leeds Infirmary in which he had opened the abdomen for the purpose of removing the ovaries or uterine appendages during the past year. These were arranged in three classes. 1. Ovarian tumours (three cases); one solid, one cystic, one dermoid. 2. Oophorectomy for uterine fibroids (three cases); two completed, with the result of arresting the growth and causing much diminution of the growths; one incomplete, but still effectual in arresting the growth of the tumour. 3. Removal of diseased appendages for serious illness (five cases): viz., two of pyosalpinx, one of hydrosalpinx, two of salpingitis with cyst of broad ligament and cirrhosed ovary. All the cases had recovered.—Mr. PRIDGIN TEALE related a case in which he had removed the ovaries successfully for fibroid disease of the uterus, and remarked on the slight danger there was from the operation of exploration of the abdomen, even though it were impossible to remove the parts diseased.—Dr. BRAITHWAITE had in a similar case been able to remove the appendages on one side only, but the tumour had diminished, and the patient had only menstruated once since.—Dr. CLIFFORD ALBUTT wished for some hints from the surgeon's experience as to the kind of cases which were suitable for operation. He thought if the operation were so slight as had been mentioned, it might be of advantage in cases of doubt to explore the abdomen to see if oophorectomy were possible.—Mr. J. WRIGHT remarked on the disuse of the catheter in these cases.—Mr. F. H. MAYO said that the catheter was employed in all cases of abdominal section in the infirmary except in those under Mr. Robson's care. He remarked that in the former cystitis was not uncommon, though the greatest care was taken in keeping the catheter clean.—The PRESIDENT remarked on the significant fact that in this large gathering no one had suggested that oophorectomy was an unnecessary operation. He had no hesitation in saying that in such cases as these it was eminently justifiable.—Mr. RONSON, in replying, said that the recent paper by Mr. Lawson Tait had convinced him that oophorectomy was decidedly the operation for fibroids of the uterus, but that occasionally in the hands of the most skilful operators it would be found impracticable, and that, as a last resort, hysterectomy would have to be performed.

Mr. SCATTERGOOD exhibited Dr. Auvard's "couveuse," for the use of prematurely born infants, and gave some particulars of a case in which it had been used.—Dr. HUTCHINSON made some remarks in favour of antiseptic inhalations in phthisis, as tending to relieve the cough, without the ill-effects often experienced from the use of cough medicines. He recommended, as pleasant to take and effectual, a mixture of eucalyptol and terebene, equal parts, with or without a similar amount of chloroform or ether, ten to fifteen drops to be used in an oro-nasal inhaler. He also

recommended the addition of one drachm each of castor-oil and turpentine to three drachms of iodide liniment, as superior to the usual iodine solution, for painting on the chest in cases of phthisis. He also brought before the Society a useful remedy for uterine hæmorrhage—viz., iron alum, a drachm of which was applied in a hollow pessery of cocoa-butter to the os uteri, one-fourth or one-eighth of a grain of morphia being added if pain accompanied the hæmorrhage.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

AT the opening meeting, held on October 8th, 1885, for the session 1885-86,

The PRESIDENT, Mr. PYE-SMITH, read a paper on Hernia. Referring at first to statistics, he stated that in England 1 death in every 500 was due to hernia; that of cases of strangulation 1 in every 5 was fatal; and that in operation for strangulated hernia in hospitals there was a mortality of about 43 per cent. With regard to the varieties of hernia, it was shown that inguinal furnished over four-fifths of all cases, femoral one-eighth, and umbilical one-twentieth. As to sex, inguinal was in the male twenty times more common than femoral, whilst in the female femoral was slightly more common than inguinal; and in respect of age, it was shown that relatively to the number of persons living at the respective ages, inguinal hernia made its appearance twice as frequently during the first year of life as during any subsequent year, whilst femoral hernia commenced most frequently between the ages of twenty and fifty. In reference to etiology, he dwelt on the peculiarities of sex and the various anatomical conditions leading to congenital inguinal hernia in the male, and attached special importance to phimosis as an exciting cause of rupture. He asked what was the reason that both inguinal and femoral forms of hernia were twice as common on the right as on the left side of the body? He compared the commoner varieties of hernia, and showed that in the congenital forms of inguinal hernia in the male (which formed nearly half the inguinal cases) strangulation usually occurred at the first descent of the tumour, the symptoms being urgent, and the chance of reduction without operation small; that in the acquired form of inguinal hernia strangulation was rare till the hernia had existed many years; the symptoms were less severe, and there was a good prospect of effecting reduction without resorting to a cutting operation; and that if an inguinal hernia were left long unreduced, ulceration of the bowel at the constricting neck was liable to occur. In femoral cases, on the other hand, strangulation sometimes took place at the first descent of the hernia, when reduction by taxis could occasionally be effected, and sometimes was deferred till the hernia was of several years' standing, in which cases reduction without an operation was rare, and that in all cases of femoral hernia gangrene of the constricted bowel was apt to occur after the duration of some days, or even hours. In umbilical cases strangulation rarely occurred till the case was of old standing, and was often accompanied by early ulceration of the constricted bowel. In the treatment of strangulation, the point of first importance was to release the constricted bowel from the grip of the parts through which it had passed before it became damaged beyond the prospect of perfect recovery. In conclusion, he expressed confidence that the study of hernia affords the best introduction to the more difficult problems and obscure conditions of internal abdominal obstructions.

Remarks were made by Mr. Garrod, Mr. Knight, Dr. Martin, and Mr. Jackson.

At a meeting of this Society on Oct. 22nd,

Dr. MARTIN showed a Blood-clot which, when first passed by the urethra, measured ten inches in length, and was about the thickness of a drawing pencil. It was very tough and difficult to break; when broken, it presented internally the appearance of an old blood-clot. The notes of the case showed that the clot must have been passed from the ureter, and that it was not formed in the urethra.

Dr. KEELING exhibited a very large specimen of Epulis, which he had removed from the upper jaw of a man. It was about the size of two large walnuts joined together. Several teeth were involved in the growth. During the operation bleeding was profuse and difficult to control. Dr. Keetling remarked that it was the largest specimen of the kind he had seen.

Dr. PORTER showed two specimens. The first an Aneurysm of the Ascending Aorta rupturing into the Pulmonary Artery, and causing sudden death from asphyxia. The other specimen was one of the Heart and Pericardial Sac, showing the results of Acute Pericarditis.

Dr. BARTOLOMÉ related a case of Stricture of the Sigmoid Flexure. He first visited Miss ——, aged fifty-one, on Sept. 29th, 1885. She complained of slight abdominal pains, and said the bowels had not acted since Sept. 23rd; but she was not alarmed, as that had frequently occurred, was even for a longer period, and had always become "all right" spontaneously. The pulse was 190; temperature 98°; the respiration was tranquil (18), which state continued throughout the case, with the exception of a few hours. The abdomen was distended and tympanitic. Except for occasional vomiting, which afforded relief by emptying the stomach, the condition remained without change until Oct. 8th, when there was one stercoraceous vomiting, which never recurred. The patient now stated that she had had an irreducible prolapsus ani for many years, which on examination was found covered with skin. All proposals for surgical interference were resolutely opposed, though urged frequently in the course of treatment. Death occurred on Oct. 11th, nineteen days and a half after the last natural action of the bowels. At the post-mortem examination a solid unyielding band of lymph, puckering the healthy rectum, and binding it to the promontory of the sacrum was found, probably produced by limited peritonitis in early life, the patient having been remarkably healthy ever since she could recollect. The specimens were exhibited.

Mr. PYE-SMITH showed a large Calculus recently removed by lateral lithotomy from the bladder of a man aged sixty-one. It measured 2 in. by 1½ in. by 1 in., and weighed, when dried, 1 oz. 6 dr. On section, the nucleus was seen to be a fragment of a uric-acid stone which had been crushed two years previously; this was surrounded by concentric laminæ of nearly white colour, which gave the chemical reactions of triple phosphate of ammonia and magnesia, together with a little carbonate of lime. He also showed an Eye with a small fragment of steel fixed in the sclerotic near the yellow spot. A chip from a chisel had penetrated the cornea. The electro-magnet had been used, but it failed to detect the foreign body, and, sight being lost, the eye had been excised.

WOLVERHAMPTON AND DISTRICT MEDICAL SOCIETY.

A MEETING of the above Society was held in the Bell Medical Library, Wolverhampton, on Nov. 5th, the President, Mr. F. E. Manby, in the chair.

The PRESIDENT gave his inaugural address on "Yesterday and To-day: a Soliloquy on the Healers"; and, after giving a valuable historical summary of the healing art, illustrated with several quaint anecdotes, went on to show that, as popular credulity is as great as ever, and as impostors and quacks still flourished, he thought that Dr. Quain's recent dictum, "that in two generations medicine would be far in advance of the other two learned professions," was at least premature, and that whilst the advance in preventive medicine was a matter for congratulation, yet the slow progress of therapeutic science would postpone the advent of a medical millennium for a considerable time.

After a vote of thanks to Mr. Manby for his able paper,

Mr. JACKSON read a communication on the Value of Perchloride of Mercury as a Germicide, and Dr. Totherick, Dr. Lycett, and Mr. Kough took part in the discussion.

HOSPITAL SUNDAY AT LIVERPOOL.—At the annual meeting of the promoters of this fund, on the 8th inst., it was stated that the receipts showed a decrease of £841 5*s.* 5*d.*, more than double the deficiency of the previous year. There was an increase of £43 2*s.* 4*d.* on the Saturday collections. The total receipts, including a balance of £14 12*s.* 5*d.* from 1884, were £9216 15*s.* 3*d.*, of which £6537 3*s.* 3*d.* was the result of the Hospital Sunday collections, and £2603 3*s.* 6*d.* from Hospital Saturday boxes, &c. Grants to the amount of £8880 had been made to the hospitals; the expenses were £315 17*s.* 11*d.*, and there was a balance in hand of £20 17*s.* 4*d.*

Reviews and Notices of Books.

Leprosy and Segregation. By H. P. WRIGHT, M.A., Rector of Greatham, Hants; Chaplain to the Forces and to H.R.H. the Duke of Cambridge, &c. With Photographs. Parker and Co., Southampton-street, Strand.—The object of Archdeacon Wright in compiling this work is to inform the public of the terrible nature and extent of leprosy, and to invite sympathy for the sufferings of the unfortunate beings whom the disease attacks. We confess we opened the book with some misgivings, but after a careful perusal we have come to the conclusion that the author has carried out his task with much judgment; and we heartily wish him success. We will only criticise one point, for in general the compilation is really fairly good and trustworthy. He quotes Dr. W. Munro to the effect that the latter never heard the disease once mentioned during his student days; and he adds: "I have no reason to suppose that it has received better attention from any school of medicine in England or Ireland." This inference is certainly most inaccurate; indeed, later on in the book Mr. Wright shows he is quite aware of the amount of material presenting itself in England. The scheme of the book embraces a sufficient geographical sketch to show the prevalence of leprosy and afford an indication of the horrible nature of the disease and its consequences. Then follows a very fair discussion of its cause, in which heredity and contagion are dealt with. He is strongly impressed with the influence of heredity, but leaves contagion an open question. After discussing the leprosy of the Hebrews, that of the Middle Ages, and that now prevailing, and after pointing out what can be done for lepers, the author concludes with an eloquent appeal to nations and governments to take up the question, and, whilst ameliorating the lot of the leper, stamp out leprosy, which can, he thinks, be done by united action within a century or two. Archdeacon Wright would like to see a Society for the Segregation and Comfort of Lepers, and points out the work already done at Almorah and elsewhere by the Mission to Lepers in India. We sincerely hope that the author may succeed in interesting the public in this great question, but it is our duty to point out that with our present uncertain knowledge of the causation of leprosy and its methods of propagation, and consequently its manner of disappearance and spread from time to time, there is another side to the question, not to mention the financial difficulty, with which he does not deal. We refer our readers to the article by Baelz, of Japan, which we lately reviewed.

Journal of Microscopy and Natural Science. Edited by ALFRED ALLEN. Oct. 1885. Vol. IV. Part 16.—This part brings to a conclusion the fourth volume of this useful and interesting work. It is the organ of the Postal Microscopical Society, a society that was founded some years ago to aid in the study, discussion, and circulation of microscopic objects, and to promote the pursuit of natural science amongst its members. The method adopted by Mr. Allen is to form a circle of about a dozen members in various places, and to send round a box of slides, accompanied by a MS. book for the insertion of notes and memoranda. Each member is expected to contribute six slides annually. The present part contains several good papers, and six lithographed plates, with many objects delineated on each. Mr. H. W. S. Worsley-Benison contributes a paper on "How Plants Grow," and Miss V. A. Latham a continuation of a series of articles on the "Microscope and How to Use it"; whilst Mr. W. E. Hoyle calls attention to "Pond Life." The illustrations include representations of sphaeria of the calcareous plates of the skin of Holothuria and drawings of Trombidium, of the sting of a wasp, of the weevil of pine trees, of Aclysia dytisci, and of the heads and proboscides of various flies.

La Normandie Médicale. No. 1.—We have to chronicle the appearance of a new French medical periodical that is to be published on the first and fifteenth of each month. The number before us begins with an article on the Teaching at Vienna. M. Gaurau contributes an article on the prognosis and treatment of Hernia of the Iris. The *Bulletin* deals with the etiology of an epidemic of Typhoid Fever at Rouen. There is also a clinical account of a case of Scarlatinal Dropsy complicated by cerebral and pulmonary symptoms. It will be seen that the sympathies of the new periodical are wide; it will probably serve as a useful local organ to record some of the medical events of Normandy. In shape and size it copies the *Union Médicale.* We wish it success.

Lateral Curvature of the Spine; its Pathology and Treatment by the Poroplastic Jacket, Partial Recumbency, and Exercises. By WILLIAM JAMES TIVY, F.R.C.P.Ed. London: Hamilton, Adams, and Co. 1885.—We fail to see that Mr. Tivy has added anything to our knowledge of the pathology of this affection. He recommends treatment by self-suspension, poroplastic jackets, and exercises.

Burr's Medical Index. The Burr Index Company, Hartford, Conn., U.S.A.—We have received a copy of Burr's Medical Index, a work almost if not absolutely perfect for its purpose, and supplying a great desideratum in professional work. It is arranged with a projecting alphabet, and when the book is open any letter from A to Z, with the combinations of each letter, can be seen at a glance. Thumb-holes are cut in the edges of the leaves, in which appear combinations for all names in use, and are so arranged that when the index is opened at any letter of the alphabet, the combinations of each letter appear in full and do not conflict with those of any other letter. Great care has evidently been taken to ascertain the relative proportion of space required for all words and names used in the English language, and a corresponding number of pages has been allowed. To the member of no profession is a convenient index to classified subjects, independent facts, &c., more valuable than to the medical man, and for completeness and simplicity the index under notice is the best with which we are acquainted. The London office of the company by whom it is manufactured is at 12, Moorgate-street, E.C., from the manager of which our readers may obtain particulars as to sizes and price of the work.

Revue de Médecine. Nos. 9 and 10. 1885. Paris: Alcan.—The September number contains only two articles, each of considerable length. The first is by Dr. Raymond, upon the Pathogeny of certain Paralytic Symptoms in the Aged, their probable relations with Uræmia; the second, by Mlle. Klumpke, is the concluding portion of an article upon Radicular Paralysis of the Brachial Plexus. The October number opens with a paper upon some of the Clinical Varieties of Primary Progressive Myopathy, by P. Marie and G. Guignon, which includes studies of pseudo-hypertrophic paralysis, Erb's juvenile form of progressive muscular atrophy, and Duchenne's "infantile hereditary form." Drs. Landouzy and A. Siredey write upon the Arteritis and Cardiopathic Conditions which occasionally complicate Typhoid Fever. Dr. J. Hericourt contributes a brief article upon Attenuated Cholera, in which the severity of the epidemic in Spain during the present year is attributed to the freedom enjoyed by that country in the previous year, and the escape of France to the immunity acquired by its epidemic of 1884. Dr. V. Laschkewitch writes upon the use of Oxygen in the treatment of Nervous Disease. Each number concludes with brief reviews and notices of recently published works.

Christmas Books and Cards.—As spring-time is signalised by the appearance of buds and blossoms of trees and flowers, so the approach of winter has come to be heralded by the issue of picture-books and cards adorned with all the beauties which the artist's skill and ingenuity can impress upon them. Amongst the firms which thus contribute to

the joyousness of Christmas-time, that of Messrs. HILDESHEIMER and FAULKNER, of 41, Jewin-street, occupies a conspicuous place. Their series of Illustrated Books, all with numerous embellishments in colour and monotints, are deserving of high praise. With such productions at hand no one need be at a loss for objects worthy of presentation as Christmas and New Year's gifts to young friends, as they pre-eminently subserve the purpose of combined amusement and instruction. Of the cards issued by the same firm it is difficult to speak in too laudatory terms. In variety and beauty they are certainly remarkable, and are creditable alike to artists and publishers. If we might venture to specialise some as of distinguished merit, we would mention the exquisite floral groups designed by C. G. Noakes and Ernest Wilson respectively, and the delicious little landscape scenes by Fred. Hines and B. D. Sigmund. The series of sea views by F. C. Price, and the mounted hussars by Frank Feller, are likewise very effective.—We have received also a packet of Christmas cards from Messrs. DAVIDSON BROTHERS, of 6, Jewin-street, amongst which are some specimens displaying considerable artistic merit, both in design and colouring.

THE IRISH INTRODUCTORY ADDRESSES.

Royal College of Surgeons Medical School.—Professor HAMILTON, after some introductory observations, said that his idea was that the entire hospital system of Dublin demanded thorough reform and reconstruction. Too much money was wasted on the maintenance and administration of a number of small hospitals over-officered. Two large general hospitals, capable of accommodating 500 patients each, one for the northern and one for the southern district of the city, would have been a wiser expenditure of Government money, and a better application of the endowments of the charitable. Professor Hamilton afterwards alluded to the subject of medical education, and concluded by expressing the very great sorrow which they all felt for the loss of a beloved and most efficient member of their staff, called away just as he had realised the fruition of all the work of his young life. It was at the post of duty Frederick Warren nobly fell. Endeavouring to save the life of another he sacrificed his own, and added to the long roll of martyrs from their rank slain by the merciless disease, typhoid. Cut down as a flower at the early age of thirty-three, he mourned him as a pupil, a colleague, and a friend.

St. Vincent's Hospital.—Dr. COX delivered the address. He said the medical profession required high training and much diligence. It had a lofty and comprehensive scope. Nothing that concerned humanity was too little, nothing too great, of which it should take cognisance. There was one subject of considerable interest and growing importance in medical education which had come up for consideration—namely, the question of the admission of lady students to hospital clinics. It was an open—he might say, a mixed—question. For his part, he confessed himself a believer in the rights of women to the fullest extent, and that there was a career open to them as medical practitioners could not be doubted. In India, at least, there was crying need for their help. As regarded the question of medical education—preliminary education, he thought, ought to be as liberal as possible. The profession had suffered more from the want of literary than of purely scientific culture. How few men were possessed of a graceful style of writing and speaking. Mr. Jonathan Hutchinson recently recommended the study of Milton to medical students; he would recommend in addition the study of history, and particularly of their native history and literature.

Mater Misericordiæ Hospital.—Dr. MURPHY, in the course of his address, said that no profession afforded such scope for originality as that upon which the students whom he addressed were now entering. The domains of pathology and physiology were full of curious facts and phenomena which had yet to be explained. Looking back little more than fifty years, one was surprised how the physician could have previously coped with serious diseases, having regard to the modes of treatment then in vogue, and the few and imperfect instruments and appliances that were available. At that time anæsthetics were unknown; the aspirator, laryngoscope, endoscope, and ophthalmoscope had not been invented; the clinical thermometer was not in use; and the microscope, though in existence, had not been applied to pathological investigations. He did not see why they might not look forward to as great, if not greater, advances in the near future. In conclusion, he exhorted his hearers to keep before their minds the elevated nature of their profession. The wonderful progress of science in other departments had carried with it at least a corresponding development of medical and surgical science. Empiricism no longer stood unaided, but was limited and guided by scientific investigation; and they now fully acted on the aphorism of the great Bacon: "Man, being the minister and interpreter of nature, can do and understand so much only as he has observed in fact or in thought of the course of nature; more he neither knows nor can accomplish."

Richmond, Whitworth, and Hardwicke Hospitals.—Mr. THORNLEY STOKER, having sketched the history and indicated the great charitable work done in the hospitals, remarked that they had a purpose which was only second to healing the sick, that of helping to educate those whose intention it was to exercise the healing art; and as, in common with their work of charity, it was one of the reasons why they held the grant which some of their neighbours would deny them at present, it was right that he should refer to it. Statistics laid before committees had shown that the public medical services were extensively fed by the *alumni* of the Dublin schools; and when he told them that there were 1300 or 1400 students of medicine in that city, but a comparatively small number of whom find room for practice in their own land, they would see what a great educational work they did for the world at large. He spoke the honest conviction of his mind, formed by twenty years' experience as a teacher, when he told them that there was no centre of medical education superior to Dublin, and there were few to equal it. It was not for him to speak of the work of those who were present, but he was not exceeding the bounds of good taste if at this juncture he claimed for the institution that it kept at least abreast of every advance in science, and that if they were put on their defence they could show as good a record as Corrigan claimed for them thirty years ago.

Meath Hospital.—Dr. FOOT, in urging the necessity of early and continuous diligence, deprecated the childish folly of idleness at any time, but most of all in the infancy of their career, when their seemingly superfluous time was often frittered away from ignorance of its value. There were on the present occasion, he said, some words of appropriate greeting to be offered to the students divided chronologically into new and old. The new were welcomed to the ranks of a profession whose progress in modern times had been equal to that of any other. During the past thirty years more had been achieved in the medical profession than in any previous century. A higher standard of education, better and more practical clinical teaching, and more thoroughness of acquirement, were telling favourably on its students. Silent workers—and they were many—in the wards, the laboratory, and the study, were evolving great truths, and continually fortifying the busy practitioner with fresh facts of inestimable value. The medical profession was being held in higher and higher estimation. There never was a time in which more zeal, more ability, and more loyalty were found among its members, and there never was an age in which their exalted vocation was pursued with such success as it was at the present day, for never was it able more certainly or more successfully to wage war against the ravages of disease and death. The lecturer concluded by urging on his hearers to make the best use of their privileges in the interest of their friends, themselves, and their profession.

School of Physic, Trinity College.—The introductory lecture in connexion with the opening of the new anatomical theatre was delivered by Professor CUNNINGHAM, who said that they met that day under very exceptional circumstances. In welcoming them under the roof of the new anatomical theatre they inaugurated the completion of the first section of that work which was to end in the entire renovation and enlargement of the Medical School buildings of that University. Professor Cunningham then proceeded to deal at length with the general scope of anatomy, and in doing so he begged of the students to pursue its study, not only with the view of storing their minds with facts which would be absolutely necessary to them in their after career as medical men, but also a means of attaining that mental training which was absolutely necessary in their recognition of disease.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 14, 1885.

IT is supposed or alleged to be possible, in consequence of the great laxity of law in this much-governed country of ours, to commit a diabolical offence against public morals. That being so, it is proposed to illustrate the defect of prohibitory enactments and to enforce the need of reform by taking advantage of the facilities which the law offers for wrong-doing—so far, at least, as may be necessary for the purpose in view. This was the *rationale* of the ARMSTRONG case at its initiation. We are very far indeed from conceding that this line of procedure could be defended, even in the abstract. When we go beyond the bare outline of the plan laid down, and perceive that in the execution of the project gross wrong was to be done by wilfully exposing a young girl to outrage, if nothing more, and by pouring out a flood of pestilent and actively corrupting filth on the population, to the defilement of previously pure minds and the further pollution of the already debauched, mere differences of opinion as to policy are lost in an overwhelming feeling of disgust, and indignant rebuke takes the place of measured censure. There is nothing but humiliation in the business from first to last, and we should be glad indeed if we could let it drop out of memory; but that is impossible, and it only remains to place on record the disgust with which the factitious "Maiden Tribute of Modern Babylon" has inspired us. We trust it will be long before another such filthy fable is concocted in aid of a crazy popular movement. The defect of law most pointedly illustrated is that which allows the publication of literature so vile as that to which we allude. If Lord CAMPBELL'S Act is not so framed as to crush out of existence enterprises so mischievous as this "moral" effort, by all means let it be amended. Rarely, if ever, has a story so corrupt in itself and so indecently told been placed before the reading public. We cannot hesitate to affirm that this so-called revelation has done incomparably more to demoralise the youth of this country than the pitiful trash which called forth Lord CAMPBELL'S Act. When poison is administered under the guise of medicine, it is of far deadlier effect than when it is simply given as food. We do not say that the sensational promoters of this most egregious fraud on public credulity—a fraud and a credulity both essentially prurient, and therefore discreditable alike to those who invented and published the story, and to those who gloated over its revolting details—were without motives which, from a mistaken and, as we believe, wholly untenable standpoint in morals, might be called "good"; but this we do say, without fear of contradiction, that a foul outrage has been committed, and the whole press of this country has been bespattered with the slime of filth in which one journal consented to wallow.

Most heartily do we wish that this disgusting subject could be set aside with the remarks already offered, but, to our grief be it confessed, the profession we have the honour to represent has been disgraced by one of its members, whose conduct in connexion with this matter urgently calls for the judgment not only of the Royal College of Physicians, but for that of the Medical Council, the governing body of the profession to which he belongs. It is with no self-righteous anger we write this, but with the deepest sorrow. The solemn and severe censure passed on Dr. HEYWOOD SMITH by the judge who tried this case would in itself necessitate prompt action on the part of the College of Physicians. The Censors' Board of that body is the tribunal before which Dr. HEYWOOD SMITH must be judged. It does not seem to have been made sufficiently clear at this miserable trial that only under circumstances which necessitate anæsthesia for a *remedial* purpose is it justifiable to administer chloroform. A certain amount of peril to life *always* attends the use of chloroform; nevertheless, this *physician* actually placed chloroform in the hands of an utterly unskilled person and directed it to be given. Why was this? What was the purpose of placing this girl under chloroform, thereby exposing her to peril of her life? Simply and solely that she might be examined with a view to the whitewashing of a man who had wilfully placed himself in a position to be suspected, perhaps accused, of violating her. So revolting are these details of what cannot, in our judgment at least, be considered otherwise than as an indecent assault committed by Dr. HEYWOOD SMITH on ELIZA ARMSTRONG, that it is only under an overwhelming sense of duty we notice them. They must, however, be dealt with, and for the cleansing of our profession from a foul stain decided action must be taken in the case without delay. There is no sort of justification or excuse for the conduct of Dr. HEYWOOD SMITH in this very grave matter. He cannot even plead the pitiful excuse urged by STEAD. The examination of the girl for the sake of STEAD was no part of the contemptible and offensive proceedings which are alleged to have been taken in the interests of public morality! A worse case we do not remember to have been called upon to deal with. The censure of Mr. Justice LOPES was not too severe. "The ghastly scene which was enacted when Dr. HEYWOOD SMITH thought fit to examine this child, after subjecting her to chloroform," was not too strongly condemned. "I do not hesitate to say that anything more discreditable to a medical man I cannot imagine, and I grieve to think that anyone belonging to the great profession of which Dr. HEYWOOD SMITH is a member should do such discredit to it. I say that advisedly, after a careful consideration of the circumstances." The words of one of Her Majesty's judges do not merely express the feeling of the profession in the matter, but they lay us under an obligation, painful as it must be, to give effect to it. which only a prompt and decisive assertion of the great principles of morality underlying the practice of medicine, and which every practitioner is bound to observe, can discharge. It is with sincere satisfaction we find that the law has been vindicated in the punishment of some, at least, of the perpetrators of this great social and moral crime, done under a thin veil of sentiment, but vicious in itself, and vitiating all those who have been in any way concerned in it.

IT is now twelve months since the two London Colleges initiated their scheme of a Conjoint Examining Board, and

one may ask how far the plan has succeeded. Every London student who entered in October, 1884, with the intention of obtaining the diplomas of these Colleges, should by this time have presented himself for the First Examination, or at least one part of it. One notable feature of the scheme, which was indeed an altogether new departure, consisted in permitting students to enter for the first part of that examination—viz., in the subjects of Chemistry, Chemical Physics, Botany, and Materia Medica—immediately upon registration. It was therefore no longer necessary that these subjects should be studied at a medical school, for certificates of instruction in them would be received from any place qualified to give such instruction. There must, however, have been but few candidates who availed themselves of this permission, for only by the gradual process of time could the fact become known; and the medical schools might naturally desire not to lose their hold upon the teaching of these subjects. Already events have shown the presence of grave difficulties to the effective pursuit of the plan. In order to make these difficulties clear, we may in the first place recite the leading features of the scheme as it affects the first year's medical student. The First Examination is held four times in the year—in January, April, July, and October. It is divided into two parts: Part I., consisting of the subjects above mentioned, which may be studied before entrance upon a medical school; and Part II., consisting of Elementary Anatomy and Physiology, which cannot be passed until the close of the first winter session. The nature of this anatomical and physiological examination is such that there should be no excuse for any student failing to pass it, if he has been fairly diligent during the winter session. Consequently the number of candidates at the April examination in these subjects embraces the large majority of those who have entered the medical schools during the previous October, and comparatively few defer this examination to July or the other stated times. It is otherwise with the subjects of Part I., for it could hardly be expected that they should be sufficiently acquired concurrently with the subjects of Part II. to enable a candidate to pass both parts of the examination at one time in April. A small minority who have been previously trained in the former subjects might go up in January, but most will have postponed this part until the July or the October examination. Some of the students who enter the schools in May are (if they have already some foundation in Chemistry and Botany) able to pass in July with their fellows who entered in the preceding October. But the experience of this year has shown that comparatively few of either class can acquire sufficient knowledge in these subjects to pass in all of them after three months' study; nor is it reasonable to suppose that they should. What, then, has been the result? Simply this: that the recent October examination has been crowded with candidates, including men who entered the schools a year previously and those who entered last May, some of whom had been rejected in July, but all of whom have had to sacrifice not only much of the leisure of their vacation, but, what is more to the purpose the first month of their second year's anatomical and physiological study, in order to get through the First Examination in Chemistry, Botany, and Materia Medica. The result has been disastrous, for, in spite of the comparatively low standard, many have failed in one or other subject, and will be compelled to postpone their Second Examination to an indefinite period.

It is hardly to be expected that the institution of a new examination could be made without a certain degree of inconvenience; but it is plain that some action must be taken at once to remedy a state of things which, if allowed to continue, would issue in a total derangement of the curriculum. For our own part, we conceive the remedy to be a simple one. It is twofold, and consists firstly in relegating Chemistry, Physics, and Botany to a Preliminary Examination, and in making Materia Medica and Pharmacy a part of the Second Professional Examination. Let it be clearly understood that students should not be placed on the Register until they had passed a Preliminary Scientific Examination. The medical schools may continue, if they choose, to teach Science, but they must do it at their own risk; it should not form part of the strictly professional curriculum. We see no reason at all why it should be incumbent on medical schools to afford instruction in Biology and Physics, although no one should be allowed to become a student of medicine who has not passed through a previous training in these subjects. The same applies to pure Chemistry, and it is to *applied* Chemistry, pharmaceutical, physiological, and pathological, that we would urge the medical schools to direct their sole efforts.

The subject of Materia Medica, including Pharmacology, would on this revised plan form part of the Second Examination, but it would facilitate matters, and be a boon to the student, if it could be passed at the end of the first summer session, when also he would be studying Practical Physiology and Histology. If it be thought that these subjects are too few to occupy the student's time during the three months, we might venture to suggest the addition of Physiological Chemistry. Still we would not relegate these subjects to the First Examination, for there is no reason why they should not be pursued in the second summer session—that is, after the Anatomical and Physiological part of the Second Professional Examination has been passed. At the same time we should wish it to be distinctly understood that the wide and important subject of Therapeutics should not be taken at this stage of the student's career. Of course, in studying Materia Medica, the student, if only for the sake of relief to the dry details through which he has to travel, should learn something of the use of a drug as well as its nature and composition. But the science and art of Therapeutics—the laws of prescription—this, which is the ultimate aim of us all, has its proper place at the close of the student's career; when he knows something of disease and its diagnosis, then is he best fitted to understand the principles of its treatment. At present we have a strange commingling of subjects, and the examination system is responsible for what is a grave defect in medical education. Materia Medica must be henceforth separated from Therapeutics if the latter is to be taught with the most profit, and we should like to see the Colleges recognise this in the requirements for their examinations. If, then, we would have a curriculum which should embrace in their due order and proportion the subjects of medical study we should modify the existing requirements of the Examining

Board in England somewhat as follows:—Preliminary Examination: Chemistry, Physics, and Biology. First Examination: Elementary Anatomy and Physiology. Second Examination: Part I. Anatomy and Physiology. Part II. (which may be passed before Part I.) Materia Medica, Pharmacy, and perhaps Physiological Chemistry. Third or Final Examination: Medicine (including Pathology and Therapeutics), Surgery, Midwifery and Diseases of Women, and Forensic Medicine. With a scheme such as this the Colleges need not fear criticism, even if they obtain powers to constitute themselves into a Medical Faculty empowered to grant medical and surgical degrees.

It was formerly contended by many excellent persons, including even members of our profession, that as the fear of contracting venereal disease tended to hinder men from yielding to vice, it was improper to attempt to prevent these diseases. It is still contended by some of the opponents of the Contagious Diseases Acts that the latter increase vice by making it safe. Nothing is easier than to show the weakness of this argument; for, carried to its logical conclusion, it would make it improper to treat venereal diseases at all. If the latter really tended to prevent vice, how is it that they have always prevailed so extensively even before the Acts passed, and now that they have been virtually repealed? How comes it to pass that syphilitic diseases prevail so extensively in London and in all the large provincial towns where the Acts have never been applied? For although the Acts were in force from 1865 to 1883, a period of eighteen years, there is much ignorance, even among members of the profession, as to which places were and were not subject to them. The following is a complete list. In England: Aldershot, Canterbury, Chatham, Gravesend and Sheerness, Colchester, Dover, Maidstone, Plymouth and Devonport, Portsmouth, Shorncliffe, Southampton, Winchester, Windsor, and Woolwich. In Ireland: the Curragh, Cork, and Queenstown. Thus it will be seen that all the largest towns and cities have never been placed under the Acts; and although, for reasons already given, prostitution and venereal diseases are evils which will be intensified at naval and military stations, they will both be found to a greater or lesser degree wherever any number of human beings are gathered together. That the fear of contracting disease can have had but little effect in restraining the passions of soldiers and sailors, was shown very clearly by the condition of our naval and military stations just a quarter of a century ago, to which condition they are now rapidly recurring. It was estimated that the loss to the army owing to the invaliding of our soldiers from venereal diseases amounted to an annual loss of three regiments, or, in other words, to the loss of the whole force serving in the United Kingdom for an entire week. In the navy the daily loss from these diseases was 586 men, which was equal to the loss of the services of the whole complement of an ironclad. And, besides this, a considerable number of men were discharged as unfit for further service, owing to diseases which had their origin in syphilis or in the waste of health which results from it. Now upon the broad question as to whether Government ought to take steps to prevent diseases other than venereal among soldiers and sailors there can be no dispute. If an epidemic of scarlatina, small-pox, or diphtheria were to break out among the troops stationed at Aldershot or the seamen in Portsmouth, and were traced to certain prostitutes living in brothels in the locality, what would be the result? Would it be urged for a moment that, as the dread of infection with scarlatina might act as an additional deterrent to vice, the inmates of the brothels were to be left to their fate? Would the cure of the infected women and soldiers be left to voluntary efforts? On the contrary, the brothels and their inmates would be at once dealt with by the local sanitary authorities, the infected women would be removed to hospital, and the brothels closed against any visitors until they had been thoroughly disinfected. The infected soldiers would be also removed to hospital until they were free from the possibility of infecting their comrades. All this would be done on the ground that it is the duty of the Government to prevent fever, whether among soldiers, sailors, or civilians. Now, our soldiers and sailors cannot live where they like. The former must live in barracks or camps, and are liable to frequent removals; seamen of the Royal Navy must live wherever their vessels are stationed, and are also liable to be removed from port to port. But wherever soldiers or sailors are there will always be a number of low prostitutes in close proximity, among whom venereal diseases will be, not epidemic from time to time, but perennial. So well known is this that there is now always considerable opposition on the part of the inhabitants of any locality to the erection of new barracks. The Contagious Diseases Acts have always had the support of the great majority of the medical profession, chiefly on the ground that it is our duty to prevent disease, whether it be the result of our patient's misconduct, or in whatever way it may have been acquired. And though it cannot be reasonably contended that soldiers and sailors should be protected from the consequences of vice more than any other class of the QUEEN'S subjects, it must be admitted that their case is different from that of civilians. They are to a large extent forbidden to marry; they are compelled to reside amidst great temptations; they are mostly hardy, vigorous men, in the very pride of healthy manhood. It will, of course, be urged that if they resisted temptation as they ought to do, they would never contract the diseases to prevent which these Acts were passed; and as medical journalists we have no wish to deny this, or to ignore the moral side of the question. We have seen that, in spite of all efforts to reclaim them, a certain number of women will remain prostitutes, preferring that mode of life to a virtuous one. Much has been done in recent years for the soldier, by example as well as precept, on the part of his officers. Intemperance being much less frequent among the latter than was formerly the case, the example has been followed by the men, to the reduction of vice and consequent disease. Much has been done to improve the barracks and to promote healthy recreation for their inmates. Much also has been done to improve our sailors. But in spite of all this, it cannot be expected that among so large a number of men the sexual passions will be kept in such perfect control that there shall be no incontinence. There will always be a certain percentage of vicious soldiers and sailors among whom venereal diseases will prevail. Are they to be left untreated, or are they to be punished by the loss of their pay?

Humanity revolts against the former, and bitter experience has shown the folly as well as the uselessness of the latter. It is alike the duty of the State and of philanthropists to discourage vice, to reclaim fallen women, to save those who are in danger of falling, and to promote social purity among soldiers, sailors, and civilians. But it is equally their duty to care for those afflicted with loathsome diseases, even if such be the result of vice, and to take such measures as have proved instrumental in preventing the spread or aggravation of such diseases. We shall be able to show that the Contagious Diseases Acts did this to a very considerable extent, that by their means venereal diseases were considerably reduced among the men of the army and navy, and that since the resolution was passed which deprived them of their chief value there has been a marked increase of disease.

THE Royal College of Surgeons of England is not the only educational body amongst whose members great indications of life and interest are shown. A very similar movement to that which we reported last week among the Members of the English College was also reported by our Edinburgh correspondent as taking place in the Council of the University of Edinburgh. The University organisation consists of the Chancellor, the Rector, the Principal, the Senatus, the University Court, and the General Council of the University. This latter body consists of upwards of 5000 graduates, and by the Act of 1858 was endowed with powers of a simply deliberative character. It has simply no powers of control over the affairs or action of the University, and is restricted to a mere academic discussion of questions, however deeply affecting the welfare and reputation of the University. The graduates of Edinburgh have formed themselves into an Association for promoting considerable reforms of government and administration, of which the following are the chief:—1. That a new University Court should be created, and that to it should be transferred the administration and control of the University property and funds; and that the Court should contain a larger number of representatives from the University Council than at present, so as to make it independent of the Senate. 2. That the system of open or extra-mural teaching, which has given such vitality to the medical school, should be extended to all the other Faculties, and be under the regulation of the University Court. 3. That, to compensate the professors and carry out these changes, the chairs of the several professors should be better endowed than at present, and each one paid by a fixed salary, and not by fees from the students and from tutorial classes. The recognition and advancement of the status of Assistants to professors and the reorganisation of the system of professional examinations are also included in the care of the new Association. Of course some of these proposed changes are not acceptable to the Senatus or body of professors, who have had matters very much their own way, and who have naturally, in accordance with the principles of human nature, even in colleges and universities, looked at academical questions too much in the light of their own interest. It is evident, however, that the graduates realise that they are an essential part of the University, and that they have a right to be heard, and even to have a voice in the administration of the University. And he would be a short-sighted man, in these days, who would advise either the Senatus or the University Court not to come to terms with such a reasonable feeling. It promises well for the movement, and speaks well for the University, that many of her present graduates appear in the list of the Association, such as Sir RISDON BENNETT, Sir LYON PLAYFAIR, Dr. DYCE DUCKWORTH, Dr. BRUNTON, Dr. GEORGE HARLEY, Dr. CRICHTON BROWNE, and Dr. BRUCE. A similar Association has been formed among the graduates of Glasgow, and it is said that the two Associations together number 2000.

Annotations.

"Ne quid nimis."

THE EASTERN HOSPITALS INQUIRY.

AT a meeting of the Metropolitan Asylums Board, held on Saturday last, a communication was read from the Local Government Board, stating that the members of the Eastern Hospitals Committee were responsible for the grave abuses which have been allowed to occur; that the managers have failed to exercise a due supervision as regards the proceedings of the committee; that the clerk to the managers has failed to discharge with due care and efficiency the duties entrusted to him; and that the Board have declined to remove Dr. Collie's suspension. The published evidence suffices to justify the opinion that many of the proceedings at Homerton relate to offences for which there can be no forgiveness, and call for unmeasured condemnation; but others are of a different kind, and therefore the punishment which must be meted out after such a verdict should assuredly have some relation to the extent of guilt of the offenders. It is not our intention here to discuss the actions of the managers, their committee, or their clerk; but we would desire to call the attention of the profession and of the public to the position in which Dr. Collie, the medical superintendent, is placed by the action of others. Only a few months ago there was no more trusted official in the service of the managers than Dr. Collie; he was appointed to discharge the duties of medical superintendent to three institutions; he had the care and business of transferring the cases of small-pox to the hospital-ships, and he was employed to inspect and advise on the suitability of many buildings and sites for the purpose of cholera hospitals. But one morning he read in a newspaper that the managers had by resolution deemed him unfit for his office, and had suspended him from the performance of his duties; no warning was given him, no reason for the resolution, no opportunity for combating any mistaken views as to conduct, but merely the statement that he was suspended. Dr. Collie's next step was obvious. He appealed to the Local Government Board for an inquiry, and this inquiry has been held. What has been the outcome of it? The Local Government Board have formulated the opinion that the managers, the committee, and others, are seriously to blame; that Dr. Collie, the medical superintendent, has performed his medical duties with zeal and efficiency, that nothing elicited at the inquiry can be regarded as in any way reflecting on his integrity, but "having regard to the resolution of the managers"—the managers, be it noted, who are themselves condemned—and "the evidence given at the inquiry," the Board are not prepared to remove the suspension. The evidence, and the Board's letter specify certain definite shortcomings of Dr. Collie, which deserve to be stated *seriatim*. They are—first, the absence of proper supervision over the diet-sheets; secondly, an omission to keep a record of destroyed clothing; and, thirdly, an omission to keep the record of cases.

The evidence on these points will not convey to every mind a sense of any special culpability. The facts as to one at least were reported to the Committee by Dr. Collie, who explained his inability from overwork to carry out the instruction. But allowing that they are proved, we would ask, Is there any offence here so serious that it could not have been sufficiently dealt with by some other method than one which threatens to deprive Dr. Collie of his office and the public of an exceptionally valuable servant. Dr. Collie's services in the past appear to be altogether forgotten; no allowance whatever seems to have been made for the heavy and responsible duties which were placed upon him—duties which formed no part of those he was called upon to perform as medical superintendent, and which necessarily took him away from the hospital where his proper duties were. There can, indeed, be but one intention on the part of the Local Government Board: they must have regarded Dr. Collie's suspension as merely a means towards an end, as only a form necessary to bring about an inquiry, and have believed that the managers, having attained their end so far, might be trusted to remove the suspension themselves from this already over-punished officer. That justice requires the managers to adopt this course there is no manner of doubt; for if the inquiry has brought out one fact clearly, it is that Dr. Collie is free from share of the blame which attaches to those responsible for the misdeeds at Homerton.

THE DEFENCE OF MEDICAL MEN.

We direct attention to a letter in another part of our impression of to-day, concerning the proposal to create an association for the defence of regular medical men. It comes from a legal quarter of the world (Bedford-row), but it is not necessarily the worse for that. The work is essentially legal work. He is a lucky man—he is especially a lucky medical man—who passes through a life of ordinary length without feeling the necessity to appeal to law, which, unlike medicine, has the costliness of a luxury, and is altogether so slow, so dear, so troublesome, that an ever-increasing number of men take wrong and suffer wrong rather than resort to legal methods of redress. Law ought to be one of the greatest comforts of life. Every honest man should have the consciousness that it will support him and crush his unjust enemies, and that it will do this with the least demand upon his scanty means and his leisure and peace of mind, which are apt to be as scanty as his means. Can anything be more pitiful than the cases constantly occurring, where men are practically ruined for want of a ready and effective association which will go carefully into their case, ascertain its legal merits, and, if found deserving and worthy of sympathy, will come down with the whole authority of the profession for its relief. The letter to which we allude sets forth that such an association has actually been formed, with the following objects:—1. Where just and prudent, to advise, defend, or assist in defending its members in cases where actions or cruel and groundless charges are brought against them. 2. To promote honourable practice and suppress unauthorised practitioners. 3. To offer its active assistance, without interfering with other associations or councils, in the promotion of any Bill or movement for the benefit of the medical profession. 4. To oppose strenuously all measures of an opposite tendency. The suppression of unauthorised practitioners is here spoken of with a jauntiness that will be apt to be modified by a little experience of the difficulties, even in law, of such a process. But it is undeniable that much could be done that is not done by existing associations for the defence of the profession and the discouragement of unauthorised practice. These objects are to be promoted by the union at the modest charge of 10s. per year per member, though to establish a strong and effective guarantee fund each member is required to be guarantor for £1. This guarantee will only be called for by instalments in case of necessity. The Union is registered for the protection of its members, with Limited Liability, so that no member is liable for more than the annual subscription and his guarantee, unless, with an enthusiasm of benevolence, he likes to give £25 and make himself a life member. It is suggested that the members should hold an annual conference, and discuss questions in medical ethics and jurisprudence. We are informed that the list of members already numbers 300, and that many influential members of the profession are warm supporters of the movement. One objection, and only one, can be stated to this movement—viz., that it ought to be an unnecessary one. To say nothing of the great professional Corporations, we have one or two medical defence associations already—almost identical in name with the Medical Defence Union—to say nothing of the British Medical Association, which itself ought to do this sort of work. But the work is not done. Our readers are too well aware of that, and are grieved from time to time by most painful cases of medical men harassed to ruin, or even death, by false and unreasonable charges. Sometimes a large subscription is raised, but then only by a great effort. An efficient defence union, with a good reserve fund, might be created with little more expense to the profession than one great case of hardship would involve; and this would be a fund for all, or at least for all its members. Take, again, the case of illegal practitioners. Notwithstanding the existing associations and all the wealth of the British Medical Association, the grossest cases of irregular practice and of the misuse of titles are permitted to go unchallenged, without even the satisfaction of public exposure. Under these circumstances, and unless existing associations come to the front and undertake to do the work of medical defence more thoroughly, we see much reason why this new association, even with a legal air about it, should after due care and criticism receive the support of the profession. Of course it could only be effective with a large membership, and with the countenance of professional leaders in the metropolis and provinces.

THE TACTILE APPARATUS OF THE FOOT OF MAN AND APES.

Kollmann (His, Braune, and Du Bois Reymond's *Archiv für Anatomie und Physiologie*, Heft 1, 1885) has written an elaborate paper on the tactile apparatus of the foot of man and of apes, and has arrived at the following conclusions:—First, that in all parts of this apparatus remarkable differences exist between the two—differences, moreover, that are much more marked in the lower forms than in the anthropoid apes. In the lower apes (chiromyida and lemurs) the cutaneous ridges lie on a thick bed, and run almost longitudinally to the nails, from which they are separated by a few arches only. In the other lower apes these parallel longitudinal gyri are only found in the middle of the pulp or tips of the fingers, which Kollmann terms the tactile balls of the first order; more peripherically, the central straight fasciculi come to be surrounded by elliptic and more circularly arranged ridges. This last arrangement, which is usual in the lower apes, recurs also in the higher anthropoid apes in the tactile balls of the first order. Certain types—as the sinus obliquus, the stria centralis longitudinalis, the vortex duplicatus, the circulus—all similar to those described in man, occur in the higher apes. In the form of the tactile balls of the second order (situated in the sole of the foot, at the base of the inter-digital spaces), and in those of the third order (situated on the thenar and hypothenar

eminences), the anthropoid apes resemble man more closely than the lower apes. The lines of these balls often form sinuous rings in man, or at least completely closed figures; but complete circles, such as are seen in the lower apes, have not been seen in him, with the exception of that one which is situated just behind the hallux. In the human foot there is only one tactile ball of the third order, and this is situated on the fibular side; in most apes there is one on the tibial side also. Kollmann thinks there is a decided relationship and analogy between the cutaneous and the cephalic gyri. In both man and apes the tactile balls are more sensitive than the adjoining parts.

THE ABDUCTION CASE AND THE PROFESSION.

AN incident altogether apart from the disclosures at the trial, but one that touches the profession most keenly, must be noticed by us. In the Bowdlerised edition of "The Maiden Tribute," sown broadcast over the land, is a chapter entitled "The Virgins Certified." After explaining how he obtained three girls, Mr. Stead says, "*We* went into the doctor's"; and, after stating that two were refused a certificate, he says that *he* departed armed with the following document:—

"——— ———, W., June 27th, 1885.

"This is to certify that I have this day examined D———, aged sixteen years, and have found her a virgin.

"——— ———, M.D."

On the next occasion "two nursemaids were delivered at the doctor's." Both were virgins and certificated as above. On the third occasion "no fewer than four girls" were brought to the doctor, of whom one was certificated in similar terms. Nine examinations of girls under age are thus vouched for, and four certificates are stated to have been seen by Mr. Stead. The profession has a right to demand of him if this narrative is even approximately true; for, if any credence whatever is to be placed in the story, there must be medical men who, in the words of the *Pall Mall Gazette*, "play a leading part" in "the system of procuration." If Mr. Stead has any such certificates, it is his duty, and one which he cannot decline, to forward them to the bodies from whom the medical signatories obtained their right to practise; and if he does not do this, we shall be forced to believe that he has not hesitated, whilst sacrificing "ends to means," to libel the profession, by reproducing without investigation or even improving on lying statements poured by unscrupulous persons into ears only too willing to believe them.

STIMULANTS IN INFIRMARIES.

THE Medical Board of the Newcastle-on-Tyne Infirmary are closely superintended in their treatment of cases by Mr. W. D. Stephens, who thinks it within the bounds of courtesy and good judgment to question the staff in regard to the amount of alcohol they order, and even to suggest that, had they to pay for it out of the hospital fees they receive from students, some substitute would soon be found. Such a critic scarcely deserves such a courteous answer as Dr. Philipson, in the name of the Medical Board, gave, to the effect that as the medical men were responsible for the lives of the patients, they must be allowed to select their own medicines, including alcohol. Moreover, he showed the expenditure of many of the larger hospitals on stimulants, and that in this view the Newcastle expenditure was not large. The Medical Board find that, taking the number of in-patients treated during the year as the basis for comparison, the consumption per head is as follows:—Leeds, 7½*d.*; Edinburgh, 1*s.* 5*d.*; Manchester Royal, 1*s.* 7*d.*; Queen's Hospital, Birmingham, 2*s.* 1*d.*; Pennsylvania, 2*s.* 4*d.*; University College, London, 2*s.* 7½*d.*; Liverpool Southern Hospital, 3*s.* 4*d.*; St. George's, 4*s.* 8½*d.* In taking the number of occupied beds as the basis, the consumption per head is as follows:—Sunderland, 9*s.*; Leeds, 10*s.* 11*d.*; Edinburgh, 19*s.*; Manchester Royal, 22*s.* 2*d.*; Pennsylvania and Newcastle, each 28*s.*; Queen's Hospital, Birmingham, 30*s.* 4*d.*; Liverpool Southern Hospital, 31*s.* 11*d.*: General Hospital, Birmingham, 32*s.*; London Hospital, 44*s.*; Northampton, 46*s.* 8*d.*; Liverpool Northern Hospital, 50*s.*; St. George's, 56*s.* 6*d.* Dr. Philipson, being pressed with the argument that, whereas 2*s.* per patient was spent in intoxicants in the Infirmary of Newcastle, only 7½*d.* was spent in that of Leeds, answered that the cases treated in the Leeds Infirmary were probably simpler in character than those treated in Newcastle. This is scarcely apparent on the face of it. But it is an interesting matter for scientific inquiry and discussion why the amount varies in different hospitals. It is not even a matter beyond the courteous interest of a governor, or one on which scientific men are prepared to dogmatise. But it is entirely unfit for such treatment as that of Mr. Stephens. Whether alcohol be a food or not is a question on which medical men differ. They all agree that it is a valuable medicine, to be used with discretion; and no governor of an infirmary can do anything so effective to promote its right use as to show unbounded confidence in those who have the responsibilities of life and death in their hands.

A MUMMIFIED TWIN.

AN interesting case of the mummification of one twin, the labour taking place at the natural time, is reported in the *Russkaya Meditsina* by Dr. G. M. Grinberg of Kharkov. The mummy was given to Dr. Kashchenko, privat docent in the university, who made a minute examination of it. At first sight the mummified fœtus presented the appearance of a pancake of irregular shape about 13 centim. (5 in.) in diameter. It was creased and greatly flattened, and was convex on its ventral, and concave on its dorsal aspect. If forcibly bent out of shape it returned to its original form. Judging from its appearance, one would think that the fœtus had been pressed up against the uterine wall for a considerable period by some body with a spherical surface, most probably the head of the living child. The length of the mummified fœtus, so far as could be judged in its greatly altered condition, was about 23½ centim. (9¼ in.), the length of the trunk without the legs being 15½ centim. (6¼ in.). The relative disposition of the limbs was as follows. The head was twisted round to the right rather more than 90°, and was at the same time bent downwards and backwards to the left side, the left shoulder being above it. The left arm was in the normal position. The right humerus seemed to be twisted inwards about 180°, so that the elbow looked backwards and outwards. Both legs were raised upwards and outwards, each to its own side, the knees being extended. All parts of the fœtus were exceedingly hard and dry. The extremities had the appearance of tapes. The abdomen was as hard as cartilage; its thickness was 6 mm., and its breadth across the front 45 mm. The thorax was thicker, about 12 mm., and 50 mm. in breadth. The ribs projected considerably, especially the inferior borders of those on the right side. The head was also flattened; its greatest transverse diameter was about 24 mm., and its height 46 mm. The projecting soft parts, sexual organs, ears, &c., were either closely pressed to the surface of the body or indistinguishable. The anal orifice was visible, and the mouth and eyes could be seen as folds of the skin. The only solution of continuity was in the neighbourhood of the temporal and coronal sutures, where there was an extensive crack in the skin, 3 centim. in length by 2 centim. in breadth. The temporal suture gaped widely, the temporal bone being displaced backwards and downwards. The post-mortem character of the rupture was shown by the absence

of physiological changes in its edges; indeed it is probable that it occurred during the birth. Judging by the length of the body, by the existence of hair 2 mm. long on the head, and the almost invisible hair on the face and neck, together with the size of the toenails, the fœtus must have been in the latter part of the fifth month, or perhaps, allowing for the somewhat slower growth of twins, in the sixth month of development. The umbilical cord presented considerable peculiarities, both in its position and size. It was twisted twice round the neck, and passed under the right armpit to the placenta. Its total length was 24·5 centim. (9¾ in.), about half being loose. It was not of uniform thickness. Close to the umbilicus its diameter was only 1 mm.; immediately beyond, it presented its greatest diameter, 8 mm. Some of the greatest contractions and swellings occurred in the portion round the neck and in the axilla. In the remaining portion the diameter varied from 3·5 mm. to 5 mm. The cord was twisted several times from right to left, especially in its thinnest portion, and here four turns could be seen in the vessels, two other turns being seen on the right side of the neck. The vessels of the cord were twisted from right to left; on microscopical examination, it was evident that those in the thinnest part of the cord had been subjected to so much pressure that their lumen had been quite obliterated. The condition of the swollen parts of the cord was due to the overfilling of the vessels in those situations; indeed they could be seen there greatly distended with blood, the vein being 3 mm. and the arteries 0·3 to 0·5 mm. in diameter. In the free part of the cord near the placenta the vein had a diameter of 0·7 to 0·8 mm., the arteries about 1·0 mm. The cord was hard and dry, and so closely pressed to the fœtal surface that it was not easily distinguished from it. There was a separate placenta, oval, and bent into the form of a cap. This was also hard and dry; the amnion and exochorion were joined together, and were with difficulty separated. The chorion was also attached to that of the living child, the diameter of the attached surfaces being 5 centim. The placenta of the living child was normal. The death of the fœtus was evidently due to the twisted condition of the cord, and also to the tension to which it had been subjected, which was shown by the conical shape into which the umbilicus had been drawn. The vessels had in this way been obliterated; the vein must, in consequence of the slight elasticity of its coats, have been occluded before the arteries, thus also accounting for the fulness of blood beyond the constriction.

A CRITIC ON HYDROPHOBIA AND MEN OF SCIENCE.

IT may be true that the cases on which M. Pasteur bases his claim to have proved the efficacy of inoculation as a cure for rabies are somewhat too recent and too uncertain in their history to satisfy all critics. It may also be true that fear has some influence in depressing the nervous system, and through it every function and structure in the body. Neither of these conditions if they be admitted, and far less the very equivocal cases which we have lately seen quoted in a letter in *The Times*, can, in our opinion, justify one unworthy insinuation made by its author. This writer believes that most of the reported cases of hydrophobia have been so named by obscure medical men, necessarily ignorant it would seem because obscure, and were really instances of hystero-epilepsy due to fear. Fear, hysteria, and epilepsy, it should be observed, are very rarely fatal—hydrophobia very commonly. The letter goes on to say that the cure of fear does not pay men of science, but the maintenance of it does. Further significant remarks classify together, suggestively, chains, muzzles, and physiologists among the exciting causes of canine rabies. It needs but an arithmetical kind of logic to add all these suggestions together, and the sum forms an indictment against scientific men for ill-using animals into madness for the mere sake of their pocket interest. If anyone will take the trouble to follow the steps of researches in science bearing on medicine, he will see much that goes to disprove, and little if anything in proof of, this or similar accusations. Diseases whose study has resulted in no money-making system of cure have received equal attention with others whose arrest has happily been accomplished. There has been no financial favouritism. Anthrax, tubercle, typhoid, yellow fever, and hydrophobia have each received impartial attention, regardless of a possible profit from their treatment. In the face of these facts, and of the uselessness and apparent wantonness of hindering by unfounded suggestions the always difficult progress of original discovery, the bias of this writer must present to many besides ourselves an aspect as unjust as it is ungracious.

THE EDINBURGH UNVERSITY CLUB.

WEDNESDAY last was a great day in the history of this Club, being its twenty-first anniversary. The chair was fitly and ably occupied by Dr. Sieveking, who gave a lucid account of the origin of the Club, and of its work and progress. It had promoted the good fellowship of the graduates and the interests of the University in various ways. The Club originated in a meeting in Dr. Sieveking's house, and on a suggestion of Dr. Markham. The Principal, Sir David Brewster, was then a guest of Dr. Sieveking's, and took a great interest in the Club, presiding at its first meeting. On Wednesday many guests were present: amongst others, Mr. Bond, the principal librarian of the British Museum; the Lord Advocate, and his political rival, Mr. Erichsen; Dr. Burnet, Dr. Donkin, Mr. Cantlie, Mr. Willett, Dr. Macguire, and the Rev. Donald Macleod. From the speeches politics were of course excluded. Those of the rival candidates for Parliamentary honours were, indeed, models of courtesy, and made all the graduates feel that by either candidate they will be well served. The music and harmony of the occasion reached their climax in some very fine glee-singing by Dr. Lavies and a party of friends. Dr. Lavies, in answer to a toast, regretted the fact that glee-singing was so little cultivated in England as compared with Germany.

PTOMAINE FROM PURE CULTURES OF THE COMMA BACILLI.

FOR some months past MM. Nicati and Rietsch have been investigating the pure cultivations of the comma bacillus of cholera, with a view to finding a toxic product which might be regarded as the cause of the symptoms of cholera. This statement implies that these observers accept without reserve the teachings of Koch. They have previously announced the discovery of a kind of alkaloid that had the power of killing mice with the production of well-marked symptoms of poisoning. Their renewed investigation is one of considerable technicality, but we may indicate briefly the methods of experimentation and state results at which they have arrived. Our information is gathered from an original article that appears in the *Journal de Pharmacie et de Chimie* of Nov. 1st. In their former experiments they had observed the toxic effects of a solution obtained by treating old cultivations in bouillon and peptones after Stas' method; vegetation was allowed to proceed at a temperature between 30° and 35° C., and the cultivation nearly filled the flask. This experiment was repeated, with the one exceptional condition that the fluid only filled a third of the flask, thereby giving a larger supply of oxygen. In other experiments the conditions were still further modified; bouillon or peptones alone were used, the temperature was lowered, or more recent culti-

vations were examined. In all these diverse conditions the authors have discovered a ptomaine that has toxic effects on mice. The quantity of toxic material contained in the cultures was found to be much more considerable than had at first been supposed.

THE WEST KENSINGTON MEDICAL AID INSTITUTE.

A CORRESPONDENT forwards us the following for publication:—At the last meeting of the West London Medico-Chirurgical Society (upwards of fifty members being present), after the names of fourteen gentlemen had been submitted to the meeting, and before the ballot was taken, a member called attention to the fact that one of the gentlemen whose names were down for election was closely connected with the West Kensington Medical Aid Institute, and it was open to question whether he was eligible for admission. According to the bye-laws of the Society, "no practitioner was eligible for membership who conducted a dispensary for the purposes of private profit." After some discussion, a letter was handed to the chairman, Mr. Hemming, from the gentleman whose case was the subject of inquiry, in which he stated that he had resigned unreservedly all connexion with the institute. He was then, accordingly, elected. But in view of the importance of the subject, the matter was referred to the Council for decision, and it is probable that a general meeting of the Society will be called in order to take into consideration the bye-laws which deal with the eligibility of candidates, and to define the word "dispensary."

COCAINE IN SEA-SICKNESS.

DR. WICHERKIEWICZ has been making trial of Professor Manassein's remedy for sea-sickness—cocaine,—and confirms the St. Petersburg professor's high opinion of its value. Dr. Wicherkiewicz employed it chiefly in children, giving from 0·03 to 0·05 gramme (from half to three-quarters of a grain) in a 1 per cent. solution. He finds that cocaine acts not only by diminishing the impression made on the terminal nerves in the abdomen, but by allaying the irritability of the nervous centres. The best plan is to give cocaine at the very commencement of the voyage, for after vomiting has commenced the power of the drug over the affection is diminished. The dose should be repeated every two or three hours. It is best to use a solution of the strength of from 2 to 5 per cent., which, in order to obviate any unpleasant effects on the throat, should be enclosed in amylaceous capsules.

THE SPECIALIST IN ANTIQUITY.

IN medical practice specialism has its strenuous vindicators and its eager assailants, but by neither side have its claims to antiquity been duly considered; for ancient it undoubtedly is, though not, perhaps, dating earlier than the first century, by which time the complex, not to say overwrought, civilisation of imperial Rome supplied the conditions under which (according to its advocates) it becomes a necessity. To go no further back than Martial, whose epigrams give us a deeper and truer insight into the *vie intime* of the early Roman empire than even Juvenal's satires, we find not a few distinct references to the special practitioner. In a remonstrance with his patron on the servile offices he exacts from him as client, the poet says: "From morning to night, O Gallus, you bid me dance attendance on you and perform the miry journey between my garret on the Quirinal and your palace on the Aventine three or four times a day. Other men's duties are well defined; mine are multifarious. Cascellius, the dentist, extracts an aching tooth or replaces it by an artificial one. Hyginus, the oculist, cures trichiasis by cauterisation. Fannius, the throat-doctor, removes a trailing uvula without the knife. The dermatologist, Eros, obliterates the brand-mark from the manumitted slave. Hermes is reputed to be quite a Podalirius in hernia cases. Tell me, Gallus, is there any specialist to cure broken men (*ruptos*) like your humble servant?"—the last line containing a pun on such patients (*ruptos*) as Hermes treats, and such clients as those of Gallus. Other passages might be quoted from Martial in proof of the subdivision of the medical calling in his day—a subdivision extending even to lady doctors; but we may dismiss him for the present with two remarks. 1st, with one doubtful exception, all the practitioners he has just mentioned were Greeks—that nation representing in imperial Rome not only the educational and artistic, but the learned professions; 2ndly, the dentist was in those days recognised as a surgeon, and indeed a surgeon of high accomplishment. In South Etruria recent excavation has alighted on tombs in which have been found skeletons exhibiting dentistry of signal advancement—most interesting specimens of bridge-work, and even, it is said, stopping, being among the treasure-trove. If such was the proficiency of the surgeon-dentist in the provinces, what must it not have been in the headquarters of wealth and luxury, imperial Rome?

CIRCULATION IN THE NASAL MUCOUS MEMBRANE.

THE anatomists Hyrtl and Henle admit that in the normal state the cavernous or spongy tissue of the nasal passages is swollen. According to Bresgen, we ought only to recognise the normal condition when the mucous coat is closely applied to the osseous framework. He combats the opinion of Hack that the mucous membrane itself remains unaffected when any considerable swelling of the cavernous tissue is present. Fraenkel and Zuckerkandl teach that a cavernous tissue does not exist apart from the mucous coat itself; and from the histological examinations of Fraenkel it appears that in all cases of swelling of the cavernous tissues there is some hyperplasia of the mucous membrane. But Bresgen argues that normally there is no cavernous tissue in the nose, but only a venous plexus, which, by the irritation caused through the passage of air, is transformed into a cavernous tissue. The same spongy tissue that is frequently found around the lacrymal canal is held to be abnormal and due to the propagation of a chronic rhinitis, which leads to swelling with hyperplasia of the venous plexus.

THE AMERICAN EXHIBITION OF 1886.

SIMULTANEOUSLY and almost side by side with the Colonial Exhibition, which is to succeed the Inventions next year, an American Exhibition will be opened, which, to judge from the published programme, will be a much greater novelty. Its management is entirely in American hands. It will be devoted, we understand, entirely to American exhibits; and all the diversions, which will be exceedingly various, are to be American. A special journal, the *American Eagle*, has been started in England to advocate its claims, and a "Council of Welcome," consisting of about 1000 well-known English names, including dukes, earls, marquesses, and lords in profusion, has been formed. An abstract of the list of members of the American General Council also contains many names almost as familiar in England as across the sea, such as those of Wendell Holmes, Clemens, Dana, and H. M. Stanley. A plot of about twenty-two acres of land has been selected close to Earl's-court Station, and it will be in direct railway communication with fourteen of the chief lines. The proposed arrangement of the space, as described in the current number of the *Eagle*, is absolutely fascinating. We must quote a few words:

"It is proposed to arrange the entrance-hall so that the European visitor shall take leave of his native soil, and shall temporarily be in and commence his visit to North America from the harbour of New York, with the Bartholdi statue of Liberty, and the striking features of the eastern entry to the United States around him. On leaving New York Harbour, the visitor's first excursion will be through the various States across the continent to San Francisco—from the Atlantic to the Pacific seaboards. He will have the opportunity of inspecting collections illustrating the wealth and civilisation of the entire country from east to west, from north to south." The manufacturing and industrial departments are to be as complete as possible, and in the latter a separate hall is to be devoted to "handicrafts pursued by white, Chinese, Indian, and negro men and girls," with appropriate illustrations, such as "a Californian wine-shop, an Indian village, Indian canoe makers and mat makers, ice drink pavilions and bars, restaurants with the produce of the Eastern and Pacific coasts, of the Northern and Southern States, characteristically prepared and served by white and coloured male and female cooks and waiters." Among the amusements we are promised an American theatre and concert-room, with real negro singers, roller-skating, base-ball, "the American variations of every form of recreation which is popular in the old country." Finally, we are to have any amount of electric lighting and large gardens "containing fine old elm-trees intersected by cool and shady walks, and provided with those indispensable desiderata, refreshments and seats." It is needless to say that we wish every success to this bold Transatlantic venture. If but half of the programme can be carried out, success is certain, and so far from injuring its colonial rival, each will probably assist the other, for every visitor will be sure to see both.

VIENNA UNIVERSITY.

PROFESSOR V. BAMBERGER having resigned the post of Rector Magnificus in the University of Vienna, Dr. Zhismann, Professor of Canon Law in the Faculty of Law, was chosen by ballot as his successor.

Dr. August Ritter v. Reuss has been appointed Extraordinary Professor of Ophthalmology, Dr. Leopold Oser Extraordinary Professor of Medicine, Dr. Victor Urbantschitsch Extraordinary Professor of Otology, and Dr. Weichselbaum Professor of Pathological Anatomy, in the University of Vienna.

MYCOSIS FUNGOIDES.

IN a recent number we alluded to a remarkable case lately recorded by Kaposi under the title Lymphoderma perniciosa, in which multiple lymphomata of the skin were associated with leukæmic hypertrophy of the spleen and lymphomatous growths in the bones, and we called attention to the close resemblance of the condition of the skin to that occurring in Mycosis fungoïde, or Lymphadénie cutanée as described by French writers. Vidal and Brocq have lately published in *La France Médicale* a very complete account of the literature of Mycosis fungoïde, which has been regarded as lymphomatous by French observers and sarcomatous in Germany and America. Vidal records five new cases, and divides them into two categories: one in which the lesions of the skin occupy large areas, have a tendency to be generalised, offer a most remarkable fugaceous and transitory character, present an incessant mobility, and pass through three characteristic stages—viz., an eczematiform, a lichenoid, and a tumour stage; the other in which tumours form without other precedent stages, and are much more circumscribed, have not the diffuse character of the preceding variety, are not generalised if multiple, seeming to offer a character of fixity the greater as they are less numerous, and are more rapidly fatal in their course. Histologically, a tumour of the second category displayed a mixed lymphomatous and sarcomatous character. Rindfleisch and Auspitz have in the present year also described a case each in which by the colouration method of Gram they have succeeded in demonstrating the presence of a micro-organism which E. Schiff has cultivated, but failed therewith to inoculate rabbits with success.

THE BRITISH PHARMACOPŒIA AT THE PHARMACEUTICAL SOCIETY.

AT the monthly meeting of members of the Society held on Wednesday, Nov. 11th, a paper was read by Mr. Charles Umney on the "British Pharmacopœia: its Amendments, Additions, &c." It bears testimony "that the pharmacist has always been ready to co-operate with the Medical Council, and has ever been aiming to make the British Pharmacopœia a model amongst the Pharmacopœias of other nations." That it should be such a model, considering "the favourable position in which the editors of the British Pharmacopœia have been placed by the recent revision and publication of the three Pharmacopœias of France, Germany, and the United States," is much to be desired; but, unfortunately for the compilers of the new Pharmacopœia, Mr. Umney's long list of its defects, and the facts by which he justifies them, bring out, even more strongly than we had previously done, its insufficiency as a guide to British pharmacy. The superior education of pharmacists must, in due course, give weight to their opinions on the subject of pharmacy; but an improved Pharmacopœia can never be the work of pharmacists alone, and the fact that in the present edition the requirements of the medical practitioner have not been sufficiently considered lessens immeasurably the value of the work. Mr. Umney's paper was an exposition of a series of defects in the Pharmacopœia in the strictly pharmaceutical bearing of the subject. We hope the paper will be published in full in the forthcoming number of the *Pharmaceutical Journal*, as our space does not permit as full a reference to it as it deserves.

YELLOW FEVER, ITS COLLECTIVE INVESTIGATION IN PERU.

THE Committee on Yellow Fever, appointed by the Lima Academy of Medicine, has drawn up the following list of questions to be circulated amongst Peruvian medical men for the purpose of elucidating the etiology, symptoms, and treatment of the disease:—1. What epidemics of yellow fever have been observed in the locality? 2. The dates of the first cases. 3. Their exact locality. 4. Meteorological observations before and during the epidemic. 5. Medical state before the epidemic. 6. Was the epidemic imported from near or far? 7. Hygienic condition of the localities when the epidemic appeared, and its present state. 8. Have any more or less sporadic cases occurred in the intervals between the epidemics? 9. Topographic progress of the epidemics, and causes favouring them. Immunity of any districts. Causes of such immunity. 10. In clear cases of contagion what connexion has been observed? 11. Preventive measures resorted to, and their results. 12. Statistics of each epidemic, with the population of the locality. 13. Term of incubation. 14. Types of the disease, and their relative proportion. 15. Pathological lesions found in autopsies, with any microscopical results. 16. Treatments adopted, their results and comparative value. 17. Practicability of sea or land quarantine in the locality. 18. Other practicable preventive measures.

THE NATURE AND TREATMENT OF OZÆNA.

AT the International Medical Congress held in London three years ago M. Lœwenberg of Paris referred, in the discussion on ozæna, to the invariable presence in the nasal mucus of those affected with ozæna of a special microbe said to be unique and characteristic. It was a micrococcus of very large size, which always occurred in pairs and chains, and was for the most part motionless. In 1878 M. B. Fraenkel affirmed that the mucus secreted in ozæna consisted for the greater part of pus-corpuscles plentifully strewn with micrococci. The only writer besides Lœwenberg who has made extensive researches on the micro-organisms of ozæna is M. E. Fraenkel, and, what is not so very unusual in these matters, the observers differ considerably from one another in their respective descriptions of the micro-organisms to be found in cases of ozæna. But Lœwenberg explains the difference by pointing out the divergence in the methods employed to detect the micro-organisms. He examines simply the masses that are discharged from the nose in ozæna, whilst Fraenkel investigated the secretion that soaked into the plugs of cotton-wool with which he treated his cases of ozæna. Lœwenberg, in a pamphlet recently published, believes that ozæna is a specific disease due to the presence and growth of his megacoccus; it is also regarded as a contagious affection. Energetic parasiticidal or antiseptic treatment is the necessary sequence of the above conclusions. He employs a nasal douche made with a weak solution of corrosive sublimate, of which the strength to commence with should be 1 part of the sublimate to 10,000 parts of water; it should gradually be made stronger as the patient becomes accustomed to its use. Insufflations of impalpable boric acid powder are also recommended. Lœwenberg claims to have had a remarkable success in his treatment of "rhinitis chronica atrophicans fœtida."

THE CASE OF MR. TRESTRAIL.

ON the 11th inst., Mr. H. E. Trestrail, M.R.C.P., F.R.C.S. Ed., of Aldershot, was tried at Winchester on the charge of assaulting a female patient while he was medically examining her on Sept. 15th. Under the provisions of the recent Act Mr. Trestrail denied on oath the charge made against him. Dr. Barnes, of Harley-street, was called and deposed that he had heard Mr. Trestrail's evidence. He considered the method of examination adopted by that gentleman perfectly correct. He was of opinion, from what he had heard, that the prosecutrix was of an hysterical temperament, and he had known false charges made by patients in such cases, particularly when pregnant, and he thought she was most probably suffering from hallucination. In answer to Mr. Cooke, who prosecuted on behalf of the Treasury, he said he thought, if the prosecutrix was under this delusion on Sept. 15th, that that state of mind would continue up to this day, so that she would still believe in the truth of her story. Upon this the judge interposed, and asked the jury if they wished to hear further medical evidence. The jury said they had heard enough, and immediately returned a verdict of "Not guilty."

MEDICAL STAFF CORPS IN EGYPT AND SOUDAN.

A RETURN furnished by the Director-General on the motion of Sir H. Verney, and ordered by the House of Commons to be printed, shows the number of non-commissioned officers and men of the Medical Staff Corps employed during the recent campaign in Egypt and Soudan to have been 850. Of these, 362 were attached to the Nile expeditionary force, and 468 to the Suakim. In addition to these, there were 3 non-commissioned officers and 53 privates, belonging to line regiments, employed with the Nile force. Of the Medical Staff Corps on the Nile, 30 are returned as sick in hospital—we presume at the date of the return being prepared,—being in the ratio of 83 per 1000. Of those at Suakim, 20 were in hospital, or 41 per 1000 of the strength. The return further shows that at Suakim 15 men were promoted to first class for good nursing, and 3 reverted to second class for misconduct. No information is given on this point as regards the force on the Nile. The distribution according to rank was 8 sergeant-majors, 105 staff-sergeants and sergeants, 98 corporals, 426 ward orderlies (of whom 109 were first, 264 second, and 53 third class), and 213 orderlies employed on other duties.

THE BLOOD IN TYPHOID FEVER.

THE systematic examination of the blood during and after acute specific fevers would, we believe, yield results of very high importance, and we recommend such a subject of study to our younger scientists. The investigations should be made from many points of view. Thus, the corpuscular richness, the relative quantity of hæmoglobin contained in each red disc, the state of the fluid portion, both as to its quality and quantity, should each receive consideration. Dr. Frederick Henry of Philadelphia has made a partial investigation of the blood during and after typhoid fever. He finds that the number of red discs is about the normal during the fever, but is very much less than normal after the fever. This apparently paradoxical observation is explained on the ground that during the pyrexia the fluid portion of the blood is diminished in quantity, causing a relative plethora. After the fever has subsided, the "water" of the blood again becomes normal, and the red corpuscles assume their proper portion in relation to it. Thus we have a genuine anæmia, which really existed, though masked, during the fever. Dr. Henry is of opinion that patients suffering from typhoid fever should take water as a medicine, as well as to relieve thirst. Similar views have been expressed by other physicians.

THE ROMAN SANITARY CONFERENCE.

ITALIAN papers have been sedulously reviving the report that the Sanitary Conference which met and dissolved to so little purpose in May last is shortly about to reassemble. The leading journal of Rome, and indeed of Italy, the *Opinione*, in an obviously inspired *communiqué*, pronounces the report to be entirely unfounded. "In fact," it adds, "after the discussions of last summer, which demonstrated the deep divergences of opinion between the representatives of the various Powers and the hopelessness of their coming to an agreement, the re-convocation of the Conference would be devoid of any practical aim."

PATHOLOGICAL ANATOMY OF LEAD PALSY.

IT has long been a favourite theory, with clinical physicians especially, that morbid anatomy is simply to be regarded as a consequence of the morbid process on which symptoms are dependent. Morbid anatomy is on this view merely a symptom or sign of disease, and has no more value pathologically than any other objective phenomenon. Probably the assertion that paralysis resulting from lead-poisoning is due to the direct action of some salt of lead on the nervous apparatus would be accepted by most, if not all, neurologists. On such a view, the absence of morbid changes in the neuro-muscular tissues during the early stages of saturnism would be fairly explicable. The development, however, of structural alterations would, whilst securing permanence for the symptoms and possibly increasing their intensity, render any possibility of a cure much more doubtful. Oppenheim has reported a case of saturnine paralysis in the current volume of the *Archiv für*

Psychol. The autopsy showed, besides interstitial nephritis, a sclerotic condition of the grey matter of the anterior cornuæ of the spinal cord, especially in the cervical and lumbar enlargements; there was a more or less complete destruction of the nervous elements of these regions.

A NEGLECTED FOOD-SUPPLY.

A PROPOSAL has been brought under our notice by Mr. Roberts, of the firm of Messrs. Bertram and Roberts, refreshment contractors, which appears to be worth the attention of managers of invalid-kitchens, penny dinners, and other institutions for providing good food at the lowest possible cost. Much of the so-called "waste" of restaurants and hotels, according to this gentleman, is really good food, and would find a more fitting purpose in the making of soup than in being consigned, as it now is, to the swill-tub. Trimmings of meat or meat-bones, and vegetables cold potatoes, cold soup, rice, and unused dinner-bread, might all subserve this end. Dripping is another article which is overflowing in such establishments. In it we have a pure fat, not quite equal, perhaps, in flavour to butter, but equally useful in sustaining life and health, and also palatable, as appears from its being already in favour and frequent use among many of the population. These simple but nutritious matters could be purchased for a trifle by any society desirous of using them for the purpose we have indicated. It should be understood of course that no old viands, nothing but fresh and nourishing food, should be so purchased; but with this proviso, not a difficult one surely to observe, the project in question has our entire approval. If adopted even in part, it would materially lessen the financial strain on the various benevolent associations concerned in providing a cheap food-supply. Sisters of Mercy do already make use of broken food in this way, and, to the best of our belief, with gratitude on the part of their poor recipients.

CONNEXION BETWEEN AFFECTIONS OF THE EYE AND SPINAL CURVATURE.

A POLISH physician, Dr. Jasinski, has traced a connexion between errors of refraction and curvatures of the spine. In thirty-seven cases of curvature he was able to prove with certainty the previous existence of these or other abnormal conditions in the eyes, such as insufficiency of the internal rectus, astigmatism, asthenopia, &c. Myopia alone, however, does not appear to cause curvature. Unequal vision and insufficiency of the internal recti seems to be most efficient in the production of spinal curvature. Spasm of the accommodation also is capable of producing it Removal or relief of the eye affection is followed by improvement in the spinal curvature—a troublesome and obstinate class of cases in orthopædic practice.

BLINDNESS DUE TO SIMPLE ANÆMIA.

AN interesting example of the possibility of simple anæmia producing complete blindness has lately been seen by Professors Litten and Hirschberg in Berlin. The patient was a girl of fifteen, who for some short time previously had noticed that her sight was becoming dim, and for the last two days had been quite blind. She was well formed and stout, but pale and badly nourished; the menses were regular and abundant. She complained of spasmodic pains in the stomach, and this probably was the cause of the malnutrition. The internal organs were healthy; the heart sounds clear; there was a loud hum in the jugular veins; pupils equal, dilated, and insensitive; sensorium normal; amaurosis complete; papillæ swollen; optic nerves slightly reddened and dull, the edges much swollen; veins distended and contorted; urine normal; blood thin and bright, presenting the well-known characters of anæmic blood—mycrocytes, club-, pear-, and pessary-shaped blood-corpuscles; white corpuscles slightly increased. Anæmia was evidently the real cause of the amaurosis. The girl was put to bed and well fed, and syrup of iodide of iron prescribed. The stomach trouble and appetite soon improved, and in a month's time the condition of the blood and the ophthalmoscopic appearances had become normal. It is worthy of remark here that the appearances were not such as are found in pernicious anæmia—complete pallor of the papillæ, bright redness of the veins, and streaks of blood. The prognosis therefore was good, and was fully justified by the result.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THERE will be two candidates for the Vice-Presidency of the College at the annual elections to be held next June. Dr. Frazer has held an examinership in the College for several years, which, in order to render him eligible for the vice-presidency, he will resign previous to the election. He will be opposed by Dr. Fitzgibbon, member of Council of the College, and surgeon to the City of Dublin and Westmoreland Lock Hospitals. Mr. Corley, surgeon to the Richmond Hospital, will not be a candidate for the vice-presidency until 1887.

CORRECTIONS OF THE NEW PHARMACOPŒIA.

WE are informed by the Registrar of the Medical Council that a slip containing some corrections which are requisite in the new edition of the British Pharmacopœia may be obtained by those who do not already possess it, on application at the office of the Council or to Messrs. Spottiswoode and Co.

AT Bow-street Police-court on the 7th inst., a chemist appeared to answer four summonses for selling compounds of sarsaparilla and seaweed, solutions of quinine, and digestive tonic candy, without the excise label. After hearing the evidence, the magistrate stated that he had come to the conclusion that the announcements placed in the defendant's shop-windows recommending the medicines as being good for indigestion, &c., brought him within the provisions of the Act, and imposed a fine of twenty shillings in each of the first three cases, one shilling in the last, and ten shillings costs.—At the same time and place a herbalist pleaded guilty to three summonses for a similar offence, and was fined £3 and thirty shillings costs.

THE newly appointed Professors of Clinical Medicine at the University of Berlin opened their classes at the Charité on the 2nd inst. Professor Leyden spoke particularly of the history of the clinic and the illustrious men who had preceded him in the chair, and then dwelt upon the objects of their instruction—viz., diagnosis and treatment. These last-named topics also formed the subject of Professor Gerhardt's lecture. On the 3rd inst. Professor R. Koch gave his opening lecture in the recently established class of Hygiene, and alluded to the position held by the Munich University as being the first to recognise the claims of hygiene, owing to the "epoch-making" labours of Professor Pettenkofer.

MR. ERICHSEN has been made a foreign Honorary Member of the Royal Academy of Medicine of Belgium, and an Honorary Fellow of the American Surgical Association.

THE Local Board of Health of the city of Melbourne has adopted a bye-law for the registration of dairymen and purveyors of milk.

MR. ALFRED GIBBS BOURNE, D.Sc. Lond., F.L.S., at present Assistant Professor of Zoology in University College, London, Lecturer on Biology at Bedford College, London, and University Examiner in Zoology at the Victoria University, Manchester, has been appointed by the Secretary of State for India to a Professorship of Biology in the Presidency College, Madras.

Pharmacology and Therapeutics.

VASO-CONSTRICTORS AND DILATORS.

ON fresh organs—kidney, spleen, liver, lower limbs, uterus, and intestines—extirpated from living animals (dog, rabbit, calf, sheep, pig, horse), and in which an artificial circulation has been kept up, M. Kobert has studied the influence of certain poisons in the calibre of vessels. Strychnine, nicotine, muscarine, arseniate of soda, phenol, hydrochinion, sapotoxine, ergotinine, chloroform, alcohol, common salt, chlorate of potassium, bromate and iodate of sodium, fluoride and bromide of sodium, antipyrine, citrate of iron, urea, creatine, and glycogen have no action on the calibre of vessels. The following substances produce a notable dilatation: Nitrite of amyl and of sodium, essence of mustard, turpentine, chloral, paraldehyde, acetal, urethran, oxide of carbon, atropine, quinine, kairin, quinoline, leucoline, cinchonine, bromide, iodide, and sulphate of barium, carbonate of soda, manganese, antimony, bismuth, double chloride of platinum, and sodium. Digitaline and its many allies have a powerful vasal constricting influence. Lead and mercury produce but a transient constriction. Cocaine in medicinal doses is without effect, and in strong doses causes dilatation rather than constriction.

SAPONINE.

That article which is known in commerce as saponine is a mixture of organic and inorganic substances. Pure saponine, according to Kobert, possesses no active properties; the saponine of commerce, however, which contains a certain quantity of lactosine, owes its toxic properties to two other principles, which Kobert has named quillajaic acid and sapotoxine. The toxic power of the acid and its saline combinations is enormous. If a dose in the proportion of half a milligramme to every kilogramme of corporeal weight be injected into the vessels of the cat or dog, death ensues; whereas a dose of two grammes administered by the mouth is well borne. Warmed in contact with a solution of baryta, this powerful acid loses its poisonous properties, and Kobert believes that pure saponine is but an inert product of the transformation of the quillajaic acid. The acid, like quinine and many other bodies, is regarded as a protoplasmic poison.

GASTRIC POISONS.

If a stomach be extirpated from a living dog and preserved in a chamber saturated with moisture and maintained at a uniform temperature of 37° C., it will be observed that the organ continues to exhibit spontaneous movements which last a variable time—from half an hour to one hour and a half. The gastric movements are very active, and are such as would be required to propel the contents towards the pylorus. It was upon stomachs placed under such circumstances that M. Schutz has studied the action of a certain number of poisons. Atropine, nicotine, weak doses of pilocarpine, cocaine, and chloral were found to weaken or totally arrest the automatic actions. The following series of poisons were ascertained to augment the number of movements, to quicken each movement, and even to alter its character:—Strychnia and weak doses of nicotine, cafeine, veratrine, tartrated antimony, emetine, and apomorphine. Muscarine, physostigmine, digitaline, scillaine, and helleborine tend to produce a tonic spasm of the stomach.

GERHARDT'S PLUMBUM CAUSTICUM.

ACCORDING to the report of the Medical Society of Würzburg, the best means of removing condylomata is the so-called "plumbum causticum" used by Gerhardt in the Würzburg syphilitic clinic, and which is composed of oxide of lead and potash. This does not penetrate deeply into the tissue, but produces a blackish slough where it is applied. It can, however, be made to destroy a condyloma in a single sitting. It is very useful for warts on the glans penis and vagina, but is not suitable for papillomata of considerable size, which must be subjected to operation.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Diphtheria in the Rural District of Glandford Brigg, by Dr. GRESSWELL.[1]—Examination of statistics shows that in the Glandford Brigg Union diphtheria has been prevalent more or less ever since 1858, and that in 1884 the deaths were as many as sixty-two in number, in addition to seventeen from croup or laryngitis. The deaths from throat disease were also maintained during 1885. But it is essentially with the rural portions of the union that this report has to do, and they are divided between ironstone and agricultural villages. The ironstone villages had a population of some 6100 in 1884, and both the general mortality and that from zymotic diseases, as well as that among infants, are higher in these villages than in those where agricultural pursuits are carried out. Tracing back the diphtheria in the ironstone villages until the commencement of the more recent prevalence, the history given leaves little doubt that personal communication had much to do with its dissemination, and in these villages special facilities are afforded for such communication by reason of the personal habits of the people, which lead to free and unrestricted visiting between sick and healthy. School attendance had also, doubtless, an influence in the same direction. And there were other conditions common to those attacked which may have aided in the diffusion of the epidemic disease. Thus, a sewage-poisoned atmosphere resulting from sewerage defects, uncleanliness due to deficient water-supply, impurity of water due to slop and privy leakage, and defective ventilation of schools may be cited amongst the more general of these conditions. Of the two agricultural villages that suffered, Horkstow affords apparently an example of the manner in which school attendance operates to spread a disease such as diphtheria. And Dr. Gresswell points out how the stealthy whisperings of school hours, no doubt, form an effectual means for the transmission of the diphtheritic virus, and how this process is specially facilitated by reason of the confined air of a badly ventilated school-room. The outbreak at Worlaby could not be so easily traced; but this is by no means difficult to understand when we remember how obscure are often the first cases which give rise to an epidemic of diphtheria, and how slender are, at times, the links by which a series of doubtful attacks are connected together so as to form a continuous history. The story told as to this rural district gives but little fresh information bearing upon the origin of this obscure and fatal disease. Additional evidence is, however, afforded of the absolute necessity of getting rid of certain conditions which nearly always complicate investigation into outbreaks of diphtheria. So long as foul privy and drain nuisances, together with risky water-supplies, exist in rural areas where this disease tends so persistently to prevail, so long will it be impossible to assert that they have not some important influence in maintaining the infection. And so long as children, whose breath may be communicating infection to those in their immediate vicinity, are packed together in school-rooms where, owing to defective means of ventilation, there is little or no movement of air, and where, in consequence, a poisoned atmosphere clings about the children, so long must school attendance go far to ensure the continued prevalence of a disease which might otherwise soon subside for want of the means to maintain itself. For the same reason, the provision of a small hospital for isolation purposes, where the first patients could be comfortably taken care of and kept apart from other children, is of imperative necessity; and we would once more draw attention to the facilities which have been afforded in this

[1] Sold by Knight and Co., 90, Fleet-street; Shaw and Sons, Fetter-lane; Hadden, Best, and Co., West Harding-street; and P. S. King and Son, King-street, Westminster.

direction by the publication early this year of two plans issued in the Local Government Board Offices, showing how the needed accommodation for either four or ten beds may be devised, so as to secure the utmost available isolation, whilst only a reasonable expenditure of public money is involved.

FOREIGN HEALTH REPORTS.

PIETERMARITZBURG.

Dr. Allen reports that during the corporate year ending July 30th, he has reason to believe the health of the city has not been in as good a state as the preceding year, enteric fever being more prevalent and more widely spread. That this fever may sometimes become so in South African cities, where great carelessness exists with regard to sanitary matters, is shown by the fact that in 1867 an outbreak of the disease occurred in Cape Town—a city notorious for its insanitary condition,—and among the 30,000 inhabitants of the town 5651 cases occurred, of whom 360 died. Pietermaritzburg was saved from a similar outbreak only by its cleanliness. No thoroughly comprehensive report upon the health of the town can be compiled until the notification of infectious diseases is enforced by law, and until the death register is more searching and the native deaths are also registered. With regard to contagious diseases, Dr. Allen states that there is urgent need of special legislative enactment, not alone for the sake of Europeans, but also for the natives. He advocates the provision of a home for aged and destitute persons, pauper lunatics, who are harmless idiots, and those who are hopelessly and helplessly paralysed. These most unfortunate persons cannot be admitted into the hospital for the want of space to put them in and money to support them. A home for cases of the kind should be established. The cost of the maintenance of such an institution, something like an infirm ward in an English poorhouse, might, he thinks, be in part defrayed by the town. He concludes his report by referring to the many sanitary inspections of houses occupied by coolies and others which have been made during the year, and urges the necessity for a still stricter and closer supervision of the homes of the Asiatics who, in increasing numbers, are settling in Pietermaritzburg.

SOUTH AUSTRALIA.

According to the last annual report of the Central Board of Health of South Australia, a system of sanitary inspections of local board districts is being carried out, which has already resulted in some considerable improvements being effected in their sanitary state. Details of some of these inspections are recorded, and it is further added that frequent communications on points of administration pass between the central and the local boards. An increase has also taken place in the number of medical officers of health appointed. In the towns and localities under the immediate control of the central board inspections have also been systematically pursued, and the complaints which often lead to investigations are so numerous that it will be found necessary to increase the staff of inspectors. The death-rate for the colony in 1884 was only 15·20 on a population of 314,293, this being the smallest rate for colonies in Australasia, with the exception of New South Wales and New Zealand. The report contains evidence that substantial progress is being made in the sanitary administration of the colony.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5936 births and 3389 deaths were registered during the week ending Nov. 7th. The annual death-rate in these towns, which had been equal to 17·7, 18·5, and 18·0 per 1000 in the preceding three weeks, rose last week to 19·9. During the first five weeks of the current quarter the death-rate in these towns averaged only 18·3 per 1000, which was 2·6 below the mean rate in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 13·5 in Halifax, 13·6 in Brighton, 15·0 in Sunderland, and 15·7 in Leicester. The rates in the other towns ranged upwards to 26·4 in Oldham, 27·1 in Manchester, 28·9 in Bolton, and 33·3 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 340, 299, and 273 in the preceding three weeks, rose again last week to 286; they included 84 from measles, 48 from scarlet fever, 42 from "fever" (principally enteric), 42 from whooping-cough, 38 from diarrhœa, 30 from diphtheria, and 2 from small-pox. These zymotic diseases caused the lowest death-rates last week in Bolton and in Huddersfield, and the highest in Liverpool, Plymouth, and Newcastle-upon-Tyne. The greatest mortality from measles occurred in Manchester, Liverpool, and Newcastle-upon-Tyne; from scarlet fever in Leeds; and from "fever" in Portsmouth and Norwich. The 30 deaths from diphtheria included 16 in London, 3 in Birmingham, and 3 in Liverpool. Small-pox caused 7 deaths in London and its outer ring (including 4 recorded in the metropolitan asylum hospital-ship *Atlas*, moored in the Thames off Dartford), and 1 in Liverpool. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had steadily declined in the preceding twenty-two weeks from 1389 to 88, were 90 on Saturday last; and 21 cases were admitted during the week, against 16, 11, and 14 in the previous three weeks. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding seven weeks from 152 to 358, further rose last week to 394, and exceeded the corrected weekly average by 4. The causes of 86, or 2·6 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Manchester, Brighton, and in four other smaller towns. The largest proportions of uncertified deaths were recorded in Wolverhampton, Oldham, Salford, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 17·9 and 21·2 per 1000 in the preceding two weeks, declined again to 19·7 in the week ending the 7th inst., and was 0·1 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 10·0 and 14·5 in Perth and Edinburgh, to 24·1 in Glasgow and 24·6 in Paisley. The 480 deaths in the eight towns showed a decline of 38 from the number in the previous week, and included 17 which were referred to scarlet fever, 17 to diarrhœa, 10 to "fever" (typhus, enteric, or simple), 10 to whooping-cough, 4 to measles, 2 to diphtheria, and 1 to small-pox; in all, 61 deaths resulted from these principal zymotic diseases, against 43 and 55 in the preceding two weeks. These 61 deaths were equal to an annual rate of 2·5 per 1000, which was 0·8 above the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of scarlet fever, which had been 7 and 13 in the previous two weeks, further rose last week to 17, and included 11 in Glasgow, 3 in Aberdeen, and 2 in Greenock. The 17 deaths attributed to diarrhœa showed an increase of 2 upon the number in the previous week, but were 6 fewer than those returned in the corresponding week of last year? 11 occurred in Glasgow and 3 in Aberdeen. The 10 deaths referred to "fever" showed a further increase upon recent recent weekly numbers, and included 4 in Edinburgh, 2 in Glasgow, and 2 in Dundee. The 10 fatal cases of whooping-cough exceeded the number in each of the previous two weeks by 1; 7 occurred in Glasgow and 2 in Paisley. Of the 4 deaths from measles, 2 were returned in Glasgow and 2 in Paisley. The fatal case of small-pox occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 83 and 117 in the previous two weeks, further rose last week to 120, and exceeded the number in the corresponding week of last year by 8. The causes of 69, or more than 14 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had steadily increased in the preceding four weeks from 21·1 to 25·6, declined again to 23·5 in the week ending Nov. 7th. During the first five weeks of the current quarter the death-rate the city averaged 23·1 per 1000, the mean rate during the same period not exceeding 17·8 in London and 15·9 in Edinburgh. The 159 deaths in Dublin last week showed a decline of 14 from the number returned in the previous week, and included but 9 which were referred to the prin-

cipal zymotic diseases, against 12 in each of the previous two weeks; 3 resulted from diarrhœa, 2 from "fever" (typhus, enteric, or simple), 2 to scarlet fever, 1 to diphtheria, 1 to whooping-cough, and not one either to small-pox or measles. These 9 deaths were equal to an annual rate of 1·3 per 1000, the rate from the same diseases last week being 1·5 in London and 1·0 in Edinburgh. The deaths referred to "fever" in Dublin, which had averaged 5 in the preceding four weeks, declined to 2 last week, and were fewer than in any recent week. The 2 fatal cases of scarlet fever showed a decline of 2 from the number in the previous week, while the 3 deaths attributed to diarrhœa exceeded recent weekly numbers. Four inquest cases and 1 death from violence were registered; and 40, or more than a quarter, of the deaths were recorded in public institutions. The deaths of infants showed a considerable decline, while those of elderly persons had further increased, and exceeded the number in any recent week. The causes of 19, or nearly 12 per cent., of the deaths registered during the week were not certified.

REPORT OF THE MEDICAL OFFICER OF THE LOCAL GOVERNMENT BOARD.

[FIRST NOTICE.]

AMONGST the most valuable reports which were issued by Mr. Simon are those in which one special subject is dealt with exhaustively; indeed, some of the volumes remain, even after a considerable lapse of time, the principal standard works on the subjects of which they treat. Dr. Buchanan has, in the fourteenth annual report of the medical officer, which has just been issued, followed the example of his former chief, and has dealt with the subject of small-pox in relation to vaccination in so complete a manner, that his report may be regarded as bringing together in a way that has not before been attempted all the information needed in order to enable educated persons to form a true estimate of the value which attaches to that protective operation. The volume has been issued opportunely, for during the next few weeks many candidates for seats in Parliament will be asked by a certain class of electors to give answers and promises concerning the compulsory clauses of the Vaccination Acts, and we would strongly counsel all who have not made up their minds on this subject in advance to make themselves thoroughly acquainted with the twelve pages with which the volume in question opens, and which contain Dr. Buchanan's exhaustive summary of the true advantages which attach to a properly vaccinated community. The professional reader should, at the same time, follow out the subject as it is dealt with in several of the appendices which make up the principal portion of the volume.

Dealing first with certain metropolitan statistics, the report shows that small-pox, which on the mean of 1874-83 contributed 11 deaths to every 1000 from all causes in London, was responsible for 15 in 1884; the range of mortality being from 0·5 to 33 per 1000, the latter rate having obtained during the epidemic year 1877. But though small-pox has not abated as we could have wished, yet its average contribution to total deaths is less than one-sixth of what it was in the seventeenth century, and the great reduction that has taken place can only be accounted for by a general use of vaccination. The protection obtained admittedly does not exhibit the complete fulfilment of anticipations expressed at the beginning of this century, but Dr. Buchanan maintains, and his argument proves, that "the gain to be obtained by the community from vaccination is even more demonstrable to-day than ever it was." In order fully to appreciate the value of vaccination it is necessary to examine the small-pox mortalities at successive periods of life, and then it at once becomes evident what vaccination can do, and how far its preventive influence may ultimately become exhausted. In former centuries, as explained in the report, out of 1000 persons dying of small-pox 800 would have been children under five years of age, and only 50 would have been persons over ten years of age. At the beginning of registration times in this country the small-pox mortality under five years was still as high as 700 out of every 1000, but since 1857 it has steadily decreased in amount, until, in 1884, the former rate of 700—or, indeed, of 800—has been reduced to 240. In other words, the insusceptibility to take small-pox has year by year been more and more gained by the infantile community. But whilst this enormous diminution in death from small-pox amongst infants has been in progress, it has also been observed that the later periods of life are contributing more and more to each 1000 deaths by the current disease. It is not that small-pox deaths are on the increase. Quite the contrary; for whilst vaccination was optional the average annual death-rate by small-pox at all ages was 305 per 1,000,000 living, whereas during the period of enforced vaccination it has fallen to 156. But vaccination has "availed exclusively for the protection of those who cannot protect themselves"; whilst amongst persons over fifteen years of age—that is to say, persons who were formerly to a very large extent protected against death from small-pox by a prior attack of that disease—an increase in the rate of death from small-pox is being exhibited. This transference of small-pox mortality from infancy to later ages is not solely an affair of abolition of infantile small-pox, and the various causes of this transference are hence discussed *seriatim*. Referring to a report issued by the Registrar-General, it would appear that those who have grown up in English communities have year by year, in increasing numbers, exchanged what was practically a life-long protection, which was conferred by surviving an attack of small-pox in infancy, for a protection by vaccination, and it would appear that this latter protection is not so lasting as the former one. Hence, whereas thirty years ago only 22 deaths per 1,000,000 occurred from small-pox among persons past middle life, some 58 per 1,000,000 would now occur. In short, formerly infants paid a fearful tribute of death to small-pox, but the few who survived the disease had practically a lasting protection against it; but now thousands of children who formerly perished are saved by means of the protective influence of vaccination, this protection being less durable than that acquired by passing through an attack of small-pox itself. But is it not possible that some deterioration in the procedure of vaccination may have taken place, and so have led to the increase in adult small-pox? This too is discussed, and the matter is evidently under careful consideration. But so far Dr. Buchanan sees nothing to justify any such conclusion.

It is this increase of small-pox mortality amongst adults that has supplied to anti-vaccinators the material they have so much and so long misused. But when it is properly understood, it will at once be seen that such transference of fatal small-pox from infancy to adult life as has taken place only shows the need for the renewal of the protection by a second vaccination, and, as the report alleges, most certainly does not warrant any decrying of the agency which has so markedly succeeded in preserving childhood from this fatal and loathsome disease. The German government have had regard to the fact that the influence of a primary vaccination tends to disappear before the age of true responsibility commences, and hence, in 1874, compulsory vaccination during school age was required in Germany, and the parents were made responsible for its being carried out. The result has been that, whereas Germany formerly exhibited higher small-pox mortalities than England, it has now risen to a position of marked superiority in this respect; and whilst in London, Paris, and Vienna considerable small-pox epidemics have occurred during the past ten years, the small-pox death-rates in the large German towns have become quite trivial.

In one of his concluding paragraphs, Dr. Buchanan points out that there is but little fatal small-pox amongst children immigrating into London, and we may hence infer that they are as a rule protected by vaccination. But immigrants over twenty years of age seem to suffer largely, as they for the first time come into contact with the infection, for they contribute to the metropolitan small-pox mortality in even larger numbers than natives at the same age do. We would draw attention to several valuable reprints from former annual reports of the Medical Officer and of the Registrar-General, and to a series of tables relating to small-pox mortality before and since vaccination came into existence, which the volume we are discussing contains; these bringing together all material information bearing on the whole subject up to current date in one and the same volume. And, above all, we would advert to a table which shows that whereas the London small-pox death-rate under ten years of age remains much as it was—

namely, 612 per 1000 of all small-pox deaths—in pre-vaccination days, that rate is now only 86 per 1000 amongst the vaccinated. In short, small-pox, uncontrolled by vaccination, remains the deadly disease it always was.

CHANGES IN THE ENGLISH DEATH-RATE.

THE long-expected report on the mortality in England and Wales during the ten years 1871-80, supplementary to the annual reports for each of those years, has just been issued by the Registrar-General. Previous decennial reports are identified in the mind of all vital statisticians with the name of William Farr, who created the system of vital statistics in England, which, through its influence on public opinion, has acted so powerfully and beneficially upon the health of the English people. Following the precedent of these previous reports, the tables in the volume just issued are introduced by a "Letter to the Registrar-General on the Mortality in the Registration Districts of England and Wales during the ten years 1871-80," by Dr. Farr's successor, Dr. William Ogle. This letter is devoted mainly to the consideration of two aspects of the mortality statistics of 1871-80; the incidence and causation of the marked decline in the death-rate which set in during the decade, and the influence of occupation on mortality. The treatise on what may be called Occupational Mortality marks a distinct advance in our knowledge of the subject. Dr. Ogle takes up the subject where Dr. Farr left it, and has carried his investigations a further and an important stage by a careful analysis of the causes of death which make up the varying rates of mortality among males engaged in different occupations. The importance both of the information now first given to the public on this branch of the subject, and of the careful deductions based thereon by Dr. Ogle, will demand special notice. We propose, therefore, on the present occasion, to confine our remarks to the incidence and causation of the changes in the English death-rates that occurred during the decade dealt with in the volume under notice.

It is now a matter of history that the death-rate in England and Wales, which had remained practically stationary during the first three decades of civil registration, markedly declined during the ten years 1871-80. Male mortality showed a decline of 4·24 per cent. from the rate in the preceding decennium, while the decline in the mortality of females was 6·02 per cent. The decline in the death-rates occurred mainly, among both males and females, during childhood and adolescence, and the rates above thirty-five years among males and above forty-five years among females showed an actual increase during the more recent decade. Dr. Ogle discusses the probable causes of this marked decline in the mortality of young people, coincident with an actual, but comparatively slight, increase in the mortality of middle-aged and elderly adults. There is an undoubted concensus of agreement in referring the decline of child mortality chiefly to the results of sanitary effort, and the consequent decrease in the fatality of the principal zymotic diseases. The explanation, however, of the fact that not only has no corresponding decrease of mortality occurred among adults approaching or past middle life, but that their death-rate has actually increased, is not susceptible of such ready acceptance. Dr. Ogle inclines to the belief that "sanitation, while it has reduced the death-rate at the earlier, may actually have caused a rise in the death-rates at the later, stages of life." He points to the probability that "a vast number of children of permanently unsound constitutions, who would under former conditions have perished in youth, are now saved from early death" by sanitation, and grow up to adult life, diminishing the average healthiness of the adult classes and so adding to their death-rates; while admitting that sanitation also "prevents a number of children who under the former conditions would have had their strength broken and would have grown up into weak adults, from undergoing this physical deterioration, and thus adds to the healthiness of the adult ranks," Dr. Ogle concludes that these counterbalancing influences may possibly have been "inadequate to make up more than partially for the first-mentioned effect of sanitation, and that the mean vitality of the adult classes may really have been diminished in the way described." Fully admitting that Dr. Ogle's theory, by no means a new one, is undoubtedly plausible, it is one which the sanguine sanitarian is, we maintain, fully justified in refusing to accept. Plainly we cannot and do not believe that, even in the specious way here suggested, the sanitation which saves the lives of so vast a number of children can "diminish the average healthiness of the adult classes, and so add to their death-rates." It should be remembered that in the case of disease, as in battle, the wounded very far outnumber the killed, and that they generally bear a definite relation to each other. It may therefore be fairly assumed that as we know the deaths to have declined, the number and proportions in each division of the wounded, classed according to the severity of the injury, have declined too; and, further, it follows that the proportion of the population that escapes uninjured must have very largely increased. How can this be reconciled with Dr. Ogle's theory of the diminished average healthiness of the adult classes being due to improved sanitation? It may be pointed out, moreover, as evidence against this theory, that, although the decline in the death-rate of children aged under ten years is very remarkable, a still larger decline took place during the following fifteen years, and it is only after the age of twenty-five years that the decline becomes smaller, and is turned into an increase after thirty-five among males and after forty-five among females. We are much more inclined to believe that this increase of adult mortality (which has been declining since 1880) arises from causes entirely separate and distinct from the operation of sanitation. Two of these probable causes are referred to by Dr. Ogle. The first of these is the "increasing severity of competition among adults." All will agree with Dr. Ogle "that the struggle for existence is daily becoming more and more severe; that feverish excitement and reckless expenditure of energy are rapidly encroaching on repose and leisure; and that the wear and tear of life are greater, and vitality is sooner exhausted." A second suggested cause is the ever-increasing tendency of the adult population to migrate from rural districts into towns, and the consequent increasing proportion of the population exposed to the baneful influence, social as well as sanitary, of urban residence. Some of the increasing excess in the mortality of adults, especially of male adults, may well be attributed to the "poverty, crime, personal uncleanliness, drink, and excess of all kinds," which are among the evils arising from crowded aggregation in towns.

In order to show the true effect of the changes in the English death-rates upon the lifetime of the population, the rates of mortality prevailing during the ten years 1871-80 have been used by Dr. Ogle for constructing a Life Table, for comparison with Dr. Farr's English Life Table (No. 3), which was based upon the mortality prevailing in the seventeen years 1838-54. The result of this comparison shows that according to the new table the mean expectation of life is 41·35 years among males and 44·62 years among females; this expectation is greater by 1·44 years for males and by 2·78 years for females, than it was by Dr. Farr's last Life Table. This new table, moreover, plainly shows "how erroneous is the conclusion sometimes drawn that because death-rates have fallen only in the earlier age-periods, while they have risen in the later age-periods, the aggregate gain to the community from the changes is confined to the unproductive years of life." Of the total years added to life in England by the recent reduction in the death-rate, 66 per cent. in the case of males and 65 per cent. in the case of females are lived between the ages of twenty-five and sixty-five years, which may fairly be taken to be the most useful period of life.

Space will not admit our following Dr. Ogle in his investigation of the changes that have taken place in the recorded causes of death in the most recent decennium. It will be sufficient for present purposes to note that more than half the entire saving of life occurred under the headings for zymotic diseases, and a large portion of the remainder under the heading for phthisis. On the other hand, the mortality from small-pox (owing to the epidemic in 1871-72), cancer, and from diseases of the circulatory, respiratory, and urinary systems, was greater in the ten years 1871-80 than in the preceding ten years.

Notwithstanding the marked decline in the death-rates during the decade under notice, the range of local rates was nearly as great as in the previous ten years. In 8 of the 647 registration districts of England and Wales the annual death-rate was under 15·0, in 31 it was between 15 and 16,

and in 62 between 16 and 17, per 1000. These 101 districts form a group, called the Selected Healthy Districts, and serve as a convenient standard for comparison for the purpose of measuring the excess of mortality due to insanitary condition. Among the other districts the death-rate in 326 ranged between 17 and 20, in 195 between 20 and 25, in 23 between 25 and 30, and in the remaining 2 the rate exceeded 30. The wide range of these local death-rates still leaves an ample field for the beneficial effects of sanitation, the general results of which upon English mortality has been so marked since 1875.

The attention of those interested in the statistical use of death-rates is very effectively drawn to the influence of varying age distribution upon the recorded rates in different populations, especially in comparison between the recorded rates in urban and rural populations. A table is given in which the recorded death-rates in the several English counties during the ten years 1871-80 are corrected for variations of age distribution. The recorded rates ranged from 17·06 to 25·17, but after correction the range is considerably reduced from 15·97 in Dorsetshire, to 26·86 in Lancashire. Assuming the mortality in England and Wales in the ten years to be equal to 1000, the corrected rate in Dorsetshire would be represented by 751, while that in Lancashire would be 1263. Recorded death-rates, uncorrected for differences of age distribution, considerably understate the excess of mortality in urban as compared with rural populations. The baneful effects of urban aggregation upon mortality was nearly as well marked in 1871-80 as it was in the preceding decades, and the rates of mortality in groups of districts showed an excess, bearing an almost constant relation to the increase of density of population in each group.

Dr. Ogle's report and the tables which accompany it are full of interest, and deserve the careful study of all vital statisticians. It would be hypercritical, and almost Mephistophelian to complain that much of the interest attaching to this careful analysis of the decline in the English death-rate prior to 1881 (a decline which, indeed, scarcely commenced before the middle of the decade treated of in the volume under notice) is to some extent thrown into the shade by the still more marked decline that has been steadily maintained during the first half of the current decennium. This undoubted fact at any rate intensifies the profound interest that is now increasingly recognised in the connexion between the progress of sanitation, the decline of the death-rate, and the increased health and lifetime of the English people. The Registrar-General's Decennial Supplement, just issued, affords abundant material for the useful study of this important subject.

THE CHOLERA EPIDEMIC.

IT was rumoured some weeks back that cholera had broken out in the north-western portion of France, and it was believed that it had been imported by sailors recently arrived from Tonkin, where the disease is still very fatally prevalent amongst both French sailors and soldiers. The rumour gained credit by reason of a large mortality from choleraic and diarrhœal disease in and about the port of Brest and telegraphic information this week is to the effect that cholera is somewhat widely prevalent amongst some of the fishing populations on the coast of Brittany, and also that deaths from cholera have taken place in Brest itself. How far the disease may be imported cholera, or merely a local sporadic disease due to the filthy state of the port of Brest and to the want of sanitary arrangements in the fishing villages, cannot at present be stated; but quite apart from the risk which the large naval port of Brest runs from vessels and sailors returned from the East, it must be remembered that coasting and fishing boats in this part of France are within comparatively easy distance of the ports of Northern Spain, and that in this way Brittany runs a substantial risk. It will also be remembered that last year it was quite late in the season when Normandy, and subsequently the French capital, became infected with cholera; and it is in view of possibilities such as are now rumoured that we have all along felt considerable difficulty in asserting that an extension of the disease from the more southern portions of Europe was not to be regarded as within the range of probability. Unless there is further extension of the disease which now prevails in North-West France, we are not very likely to learn the actual circumstances of the outbreak, for our neighbours are inclined to keep such matters quiet until extension of the mischief renders secrecy no long possible.

For some weeks past no fresh returns have been received as to cholera deaths either in Spain or in Italy, and it may be assumed that an abatement has taken place which foretells the cessation of the epidemic.

Correspondence.

"Audi alteram partem."

UNIVERSITY REFORM IN LONDON.

To the Editor of THE LANCET.

SIR,—Permit me to echo the suggestion made by you last week that the members of the committee of the Teaching University should lose no time in reconsidering their position.

On the day of the meeting of Convocation in Burlington-gardens one University pass-list was suspended at the entrance to the building. It was a list of students who had recently passed an examination of the University held in *Mauritius*—students who have probably never left Mauritius, and never will. The difficulty of transforming our present most useful British Examining Board into an adequate University of London was clearly stated by more than one speaker at the meeting, but hardly with the force with which it was suggested by the silent eloquence of the solitary pass-list. An adequate transformation would involve an entire change in the character of the University, and in the scope of its influence. To such a change even Convocation appears disinclined, and it seems to me hopeless to expect that the far more conservative Senate would ever consent to it. Any change that is inadequate would be worse than none at all.

I cannot think that the advocates of a real London University—a University for London students—are wise in continuing to waste precious time and still more precious energy in knocking at a door which cannot be opened for them except by a process of destruction. I say "precious time" advisedly. I doubt whether the advocates of the movement realise how precious to them the present moments, rightly used, might be. As you, Sir, suggest, the recent resolution of the College of Physicians (which, based on the recommendation of a joint committee, the College of Surgeons may be expected soon to adopt) presents an opportunity which may quickly pass, and can never recur in equally favourable degree. The Colleges desire that a degree in medicine should be attainable by London students, to which their own diplomas should be a stepping-stone. With some reluctance, but under the pressure of what they feel to be a supreme necessity, they propose, no other means existing, to endeavour to obtain the power of conferring such degree. There is probably not one of the Fellows of either College who would not much prefer that the degrees should be given by a University of which the Colleges formed part. They may or may not be successful in their intended effort. In the opinion of some, whose judgment is entitled to the highest respect, they will be successful. If they obtain their end unaided, circumstances will have changed. They will then have little to gain by the establishment of a Teaching University. Now they have much to gain; their difficult task would be facilitated and would be accomplished in a more satisfactory manner. The help they could now render the scheme is immense; the help they might now receive from it is great; the success of each object would be assured.

The opportunity is, however, more than one of corporate co-operation. The problems of "a local habitation and a name" are not least among the difficulties that a new University would have to surmount. The former is the greater practical difficulty of the two. But the elements for the solution of the problem are probably open to prompt action. The Colleges have acquired a piece of ground on the Thames Embankment, in a central position, on which to erect a building for examination purposes. There is more

land than they want, and they propose to let a part of it. Is not this an opportunity for the location of a University of which the Colleges form part? The examination-rooms will be unused by the Colleges during nine-tenths of the year, and the whole ground would suffice, not only for the requirements of the Colleges, but for the effective commencement of all the work contemplated for the University. I firmly believe that the present "University of London," pursuing its present work, would ultimately gain far more than it would lose were a true London University working by its side. I am, Sir, yours, &c.,

Nov. 1885. W. R. GOWERS.

To the Editor of THE LANCET.

SIR,—Although I regret that Lord Justice Fry and some of the members of his committee were unwilling to accept my proposal to refer back to them their scheme for further consideration, I do not think that the cause of University reform in London need eventually suffer by the rejection by Convocation of the alternative amendment. In so important a matter as the reorganisation of the University of London, a few weeks' delay is not to be regretted; and having regard to the conflicting opinions expressed by eminent medical graduates, and to the difficulty of satisfying the aspirations of some of the professors of University College, it may be well to pause before completely revolutionising the government of a University which, be its faults what they may, has undoubtedly exercised during the last fifty years a beneficial influence upon the higher education of the country. The task assigned to the Special Committee, of which I and several of those who voted with me were members, was not an easy one; and those who are now willing, if required to do so, to take up the work where others have left it, look for the co-operation and support of all who are really desirous of reforming the University without impairing its present usefulness.

I still hope that a scheme may be devised which shall not interfere with the existing functions of the University, and shall yet give to London an educational organisation that may justly claim to be regarded as a Teaching University; and I have sufficient confidence in the good sense of Convocation to believe that if such a scheme be submitted to them, the desire to raise the status of their University will induce them to adopt it.—I am, Sir, yours obediently,

Savile Club, Nov. 10th, 1885. PHILIP MAGNUS.

To the Editor of THE LANCET.

SIR,—I ask you to permit me to explain why I went with the majority in rejecting the proposals to alter the constitution of the University of London. I wish to state *in limine* that in this communication I do not claim to represent others, but I would not obtrude my own views if I did not think it possible that some practical good might come from the consideration of them.

I was uncompromisingly against the proposals, because they seemed to me to constitute in effect a polished weapon to be presented to the Senate with the polite invitation that therewith that august body should commit the "happy despatch." The scheme was not for reorganising the University, but for absolutely destroying it and erecting on its ruins another institution, with new aims, new methods, and new tendencies. This course might be legitimate enough if the extant evidence proved that the University as at present constituted is a failure; but what is the teaching of facts at the present time? Surely, that the degrees of the University were never in higher repute, never more sought after. So testify the long and ever-increasing lists of candidates for matriculation and of concurrents at all the examinations of the University.

It has been asserted and reiterated that the University of London is a mere examining board and not a teaching university, and the dictum seems to have been accepted as beyond controversy; but in my opinion, and in this relation I know that I have others with me, it *is* a teaching university, and that in a high sense. It has so arranged its regulations and its examinations as to render the elevation of the standard of education in all institutions which send up candidates to its portals a positive necessity; and, moreover, sometimes directly and sometimes indirectly, it has prescribed *methods* of instruction. It has made in many subjects, such as chemistry and physiology, practical instruction a necessity for success at its examinations. Inasmuch as it has formulated educational regulations, has demanded a certain standard of knowledge, and has in some cases prescribed methods, I cannot understand how it can be contended that the University is not a teaching university.

I would therefore hesitate long before attempting to alter the constitution of the governing body of an institution which has done such good work, and I could not look upon it as an unmixed advantage that the representatives of teaching bodies in London, having diverse interests and being of varying degrees of importance, should be placed in such position as to sway the destinies of the University. On the other hand, I think it is a matter of congratulation that the Senate is, as at present, not to be influenced by the conflicting interests of individual schools. It will, of course, be asked, Are there no educational wrongs to be righted in London? The answer is, Undoubtedly there are; but it does not follow that a change in the constitution of the University of London is the best plan to bring about such rectification.

The movement which has culminated in the report lately submitted to Convocation seems to have been initiated by two cries—both legitimate enough: the one to provide a medical degree accessible to the bulk of London students; the other to provide educational machinery for those who, having left school, require a higher training, and yet are unable for many reasons to leave London. As regards such educational machinery London is sadly deficient. With all such aspirations, in common with many others, I warmly sympathise. But is there any reason why London should not have two universities? The vast increase of population, the legitimate cravings for higher knowledge, the importance to the State of educating people of culture and of science, press for a far greater development of our educational machinery than heretofore; and where can a provision for collegiate education be better made than in London? The agitation from outside for such reconstruction of the University of London as should enable the bulk of medical students to obtain a degree without leaving the metropolis seems to me to have been fostered by miscalculations. On both sides, without and within, it has been urged *nemine dissidente* that the examination standard of the University should not be lowered. If that be so, and so large a proportion of the men who have passed the matriculation examinations fail, how is it possible that the University could satisfy the want of the London medical student for an ordinary degree in medicine?

To provide a university for London which shall grant the degree of Doctor of Medicine on terms which shall not be more difficult of attainment than in the case of the northern universities seems to me neither unjust nor impolitic; and as regards medicine and surgery the Faculty is ready made, with its controlling body constituted by the united Colleges of Physicians and Surgeons. And why should not other faculties be added, so as to constitute a veritable university?

I know that I am drawing upon myself the punishment of the critic, but I cannot understand why the scheme for the establishment of a teaching university for London has not shown in the very foreground the necessity for constituent colleges. As complete colleges we have only University and King's: surely we want others east and west, and north and south. May I urge these practical points for consideration?—that in the interests of the higher education it would be most advisable that new colleges be established in and near London, so that London may be presented with the advantages for education and culture of a university city; and that none could initiate such a work with greater chances of success than those who are attached to the staffs of hospitals; for their own science departments would constitute the science faculty of such a college, and the friends of education would, probably, not be loth to institute faculties of arts and of technology. So the medical student of the future would first come to the Arts and Science Department of the College, and the hospitals would one day be left to their legitimate and sufficient purpose, in so far as they subserve education—viz., to teach only clinical medicine and surgery and pathology. Such scheme for the foundation of a college in the east end of London and near to the London Hospital, has occupied the attention of my colleagues and myself, and I do not despair that in the future it may be established.

It is devoutly to be hoped that the cry of vested interests will not be raised against the establishment of such a

university. It is not likely to come from the University of London, which would remain what it is, an honours university, drawing its *alumni*, as it now draws them, from all parts of the world and from many established universities. May we not hope that a movement for justice to the London medical student and for better educational facilities for London, will be opposed by none whose mission is to instruct and improve?

I am, Sir, yours truly,

A. ERNEST SANSOM, M.D.

Harley-street, Cavendish-square, W., Nov. 10th, 1885.

THE FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The assumption in your leader of last week that the Fellows of the Royal College of Surgeons, as well as the Members, are in favour of the first resolution carried at the meeting on Oct. 29th, induces me to ask you to put on record some of the reasons why I for one voted in the minority, and to say that I am well aware that a large number of Fellows are not in agreement with the vote which was then cast.

The reasons are these. I am not convinced by the argument that because a man has passed the examinations for the M.R.C.S., and has paid his fees, he has *ipso facto* acquired the right to vote for the election of the Council; and I conceive Mr. Gamgee's simile of taxation and representation to be founded upon an altogether false analogy. As regards the fees, the candidate receives distinctly a *quid pro quo:* he obtains his diploma, which is really his object in submitting himself to the examinations; he pays a small tax to Government in the shape of a stamp; he pays for being examined, the labour entailed in which process he probably never thinks about; and he contributes a certain amount to the funds of the College, which sum goes in great part to the payment of officials and the maintenance of the machinery that is necessary in order to provide the benefits referred to, but which also provides him with one of the best libraries and museums in the world. And yet he is not contented!

Again, there is no analogy, as far as I am aware, in the constitution of similar bodies and corporations, for such a state of things as it is proposed to institute. This may be said to be a high Tory argument, not to be tolerated in these days of change, if not of advance; but it may fairly be answered that, even if much more could be said than has yet been said in favour of the justice of the proposed change, it behoves those who are advocating it to point out very clearly the advantages which are to be anticipated from it. Now, Sir, I hold that if proof were to be sought for the opposite contention, a strong argument might be urged from the proceedings of the meeting of which you speak in such complimentary terms. I have scarcely met with anyone, even amongst the many who are jubilant over the result, who did not seem to be really ashamed of both the matter of many of the speeches and the intemperate manner in which they were delivered. I am not intending to defend the Council for the way in which their part of the business was conducted. They would, perhaps, have acted more wisely in submitting to the meeting an actual report rather than a confused collection of minutes, and putting forward one of their number to act as spokesman. Perhaps this would have been more business-like and more conciliatory. But what I wish to point out is that, if these so-called reforms are carried out, it will be to meetings such as this, or more likely to much smaller ones of the same sort, that the affairs of the College will be handed over; for the unmanageable constituency of 16,000 medical practitioners can never be polled, and if it could, it would have but little knowledge of the matters on which it was required to vote. Fancy those army and navy surgeons for whom Mr. Gamgee makes such a plaintive appeal, scattered all over the world, taking an active part in the politics of the College. The result, therefore, must inevitably be the handing over of the power now exercised (and admittedly not exercised badly) by the Fellows to meetings called together by a few active spirits, and guided by the inspiration of anonymous and irresponsible writers; and one may be excused for deprecating this introduction of the irritating influence of the caucus into our hitherto peaceable profession. As for Mr. Swain's notion of submitting all the important decisions of the Council to meetings such as these, it seems to me like referring every vote in supply to the vestries throughout the country.

Lastly, Sir, are we not the College of *Surgeons*, and is not our Council largely occupied with matters which concern the *surgical* part of medical education—that is, the surgical as opposed to the medical? Is it, then, reasonable that nearly half the members of the Council should, as the proposed scheme suggests, possess the distinguishing qualification of not being surgeons but general practitioners, or at least of not having obtained the special surgical distinction which the College offers to them?

I am, Sir, your obedient servant,

Wimpole-street, Nov. 9th, 1885. RICKMAN J. GODLEE.

THE TITLE OF "DOCTOR" FOR LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—It is not without reason that Continentals credit the ordinary Englishmen (not Scotch or Irish) with the peculiar characteristic of viewing all institutions and customs which are not in strict accordance with those which exist in his own country as necessarily inferior, and it is often the somewhat discourteous manner in which he gives expression to this form of egotism, and so airs his fancied superiority, that makes him so disliked on the Continent and elsewhere. This peculiarity is naturally intensified in Londoners who consider that anything not produced or procurable in London is of little value. This belief I have frequently found exemplified, and it is well illustrated by the demand lately made on the part of the diplomats of the London colleges to have the title and degree of M.D. legally conferred upon them, and by the allegations which have been adduced in support of their demand. The letter in your issue of Oct. 24th by Mr. Shirley Deakin, F.R.C.S., reiterates these allegations, which simply are: 1. That the diplomats of the London colleges are better educated than the graduates of the Scottish and Irish universities. 2. That the Scotch and Irish universities are not real universities in the true—i.e., English—sense of the term. 3. That therefore the London diplomats should be put on an equality with the graduates of those so-called universities by being immediately turned into M.D.'s. In reply to all this, I utterly deny the pretended equality of the London diplomats, and for these reasons:—

1. The proficiency in Arts required by the London colleges from their diplomats is notoriously behind that required by the Scottish and Irish universities.

2. The Science Examination, as it obtains in the Scottish and Irish universities and the University of London, is not provided for by the London colleges, excepting to the limited extent in which the College of Physicians examines in Chemistry and Medical Botany.

3. I do not think the London students have such facilities for systematic training and clinical instruction as are procurable in the Scottish and Irish schools, and this want, which I take to be a defect in medical education, I consider, is mainly due to the very plethora of London hospitals and the absence of some great central teaching body in touch with all those hospitals—a want which is now making itself felt, and with the expression of which I fully sympathise.

4. Nothing has been, or can be, urged on behalf of the London diplomats which could not be urged with equal justice on behalf of the diplomats of the Edinburgh, Dublin, and Glasgow colleges, who also hold double qualifications, and whose examinations are certainly equal to those of the London colleges; but until all these diplomats undergo examinations in Arts, Science, and Medicine equivalent in every way to those of the Scotch and Irish universities, then, but not until then, will these diplomats have a just and honourable claim to the M.D. degree.

Having disposed of contention No. 1, I will now proceed to No. 2; and here, again, I must note the olibquity peculiar to English vision when looking at anything foreign, which appears to afflict Mr. Deakin. He totally overlooks the fact that the university system of Scotland is a national one, which has existed for over 400 years; and that was not framed to suit the views and requirements of the wealthy

class only, as in England, but to especially provide, in the truer sense of the term, university education and culture for all classes of the nation. That its influence has permeated the Scottish people, raised the educational standard of the masses, and generally promoted the well-being of a naturally poor country in a manner that the English universities have never done, are facts that cannot be controverted; and it is only now that the English universities are awaking to the necessity of following in the wake of Scottish custom by removing tests and restrictions, and introducing the system of "unattached students," which is, in fact, the Scotch university system. This imitation is the sincerest flattery. As regards the universities of Ireland, they have been performing a similar function in that country; and for an Englishman to attempt, in the face of these facts, to depreciate these Scotch and Irish institutions is simply to render himself ridiculous. Seeing that the first and second contentions above referred to are by the nature of facts unsupportable, the third naturally falls to the ground.

While upon this subject, however, permit me to say that with the desire for a Teaching University for London I fully sympathise, and, moreover, recognise the justice and necessity of the claim, not only in the interests of medicine, but also in those of law, science, and arts. The present University of London might, by a modification of its regulations, which would in no real sense detract from the value of its degrees, place itself in that position: but if it wilfully shut its eyes to the requirements of an immense population, and refuses to be wise in its generation, it must be prepared to see itself, at no great distance of time, superseded by a more useful institution, and perhaps its own charter abrogated.

While fully alive to the many benefits derivable from "residence," in the Scottish sense, at a Teaching University, I would yet advocate the abolition of *compulsory* residence: I would make it *optional*. Many students have neither the means nor opportunity to reside at a university town, and it is certainly unjust that such men, if they can pass, should be refused admission to the examinations and degrees of any of our universities. I would have no close corporations. Of course such a proposition would meet with great opposition on the part of those universities whose professors were mainly supported by the class students in residence; but I do not think they need fear any great reduction of their incomes on that account. There would always be a great number of resident students at any teaching university; and it would be still more in the interests of the universities always to obtain the best professors and teachers. Moreover, if these degrees were thrown open to non-resident candidates, they would be better appreciated by the public; and, after all, this would only be a further extension of what the universities have been lately recognising as part of their legitimate work—viz., the duty of examining. I would even go further than this, and permit all the universities to grant a *limited* number of M.D. and M.S. degrees to diplomats above forty years of age who passed a searching examination in the purely medical and surgical subjects of their profession. This would bring the best diplomats to the front and be a fitting reward for private study and professional ability. I do not consider it creditable to our university system that a diplomat who, by close observation and intelligent interest in his profession, should make himself a first-class man, should be for ever shut out from that public recognition of his worth which it is in the power of a university *imprimatur* to give him.

In conclusion, until London has obtained its much-needed Teaching University, I fail to see why any average London student, with steady work, should not pass the various examinations of the London University as easily as the Edinburgh student passes the Edinburgh University. Although the examinations of the two bodies differ somewhat in details in each examination, yet, taken as a whole, the examinations of both are much on a par; and I have generally found that it is only those students whose education in arts has unfortunately been too long neglected, and are so excluded by time from attempting the university curriculum, or who are wanting in sufficient application to master the science subjects, who grumble at what they are pleased to term the undue severity of the examination of these universities.

I am, Sir, yours faithfully,

R. M. MOFFAT, M.D. & C.M. St. And.

Oldham, Oct. 23rd, 1885.

CHOREA AND RHEUMATISM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of October 31st is a lecture by Dr. Cheadle on "Heart Disease in Children," in which mention is made of some statistics of mine in reference to the rheumatic origin of chorea, and the conclusion is drawn that my results are based on "faulty data of cases imperfectly investigated." It may be so; but I could have wished that my friend and colleague, instead of merely asserting this and quoting some lectures of mine given at Great Ormond-street nearly ten years ago, had referred to what I have written on this subject between that time and the present. During that period I have noted every example of chorea that came under my notice, and have now collected more than 200. Particulars of these cases and of the precautions taken to avoid error in respect of rheumatism have, by your favour, been published in THE LANCET, from time to time and are now collected in a humble volume which, I have reason to believe, lies neglected at this moment on Dr. Cheadle's bookshelves. I would plead for a short respite and the perusal of this little book before his harsh sentence upon my poor efforts is finally ratified. The more so, because the precise connexion of chorea with rheumatism is not—or was not before the publication of Dr. Cheadle's lecture—regarded as a settled question. I have now before me statistics from as many as thirteen different sources upon this point. Excluding those where the cases reported on fall below 80 (Dr. Cheadle's own number is 84), the record is as follows:—Hughes in 108 cases of chorea had 14 with rheumatism; Sée in 128 cases had 61; the Collective Investigationn Committee (first report) in 128 cases had 31; Steiner in 252 cases had 4; and Oger in 80 cases had 8. With so wide a divergence little good could come of striking an average. All will admit that Steiner's results, though dealing with the largest numbers, are quite exceptional. My own discredited investigation gives 15 rheumatic children in 202; but I have been careful to take note of some 24 cases in addition, where there was a history of joint pain, the precise nature of which, whether rheumatic or not, was uncertain. It is but fair that a proportion of these should be reckoned to the rheumatic account; and if half of them be so regarded, my figures would fall between those of Hughes and Oger, while they are in substantial agreement with the conclusions of Dr. Donkin, who has lately published in the Westminster Hospital Reports a careful analysis of 105 cases of chorea under his care at the East London Hospital for Children. It is, in fact, not my results that are exceptional, but Dr. Cheadle's own. In attributing rheumatism "either in the patient or a near blood relative" to as many as 62 children out of 84, he differs almost as widely from most other observers as does Steiner with his 4 cases of rheumatism in three times 84. It must be admitted, however, that if blood relatives are to be appealed to, even near ones, we must be prepared for high percentages, for there are probably few families in this country who are not "related" to rheumatism.

My present purpose, however, is not to raise discussion on a much-vexed question; still less is it to disparage Dr. Cheadle's observations upon chorea in connexion with heart disease—observations which, equally with those which he quotes from Dr. Stephen Mackenzie, are a valuable contribution to the literature of this difficult subject. But I believe I shall carry your readers with me in this humble protest against the summary condemnation of more than ten years of labour at the hands of a critic who confesses himself unacquainted with all but a fragment of that work, and that fragment the earliest, uncorrected, and presumably least accurate part of it.

I am, Sir, your obedient servant,

Wimpole-street, Nov. 4th, 1885. OCTAVIUS STURGES.

MALARIAL TYPHOID.

To the Editor of THE LANCET.

SIR,—I was very pleased to read Dr. Chaplin's paper on malarial typhoid in your issue of September 19th, for he there clears up a doubt which for some time I entertained of the precise character of a case of my own, which I now am perfectly satisfied was of a like nature to those described by Dr. Chaplin under the above-mentioned name. I will

give, if you will permit me to do so, an outline of the case:—

A short time ago I was in charge of a large vessel running between London and Melbourne. Some days before leaving the latter port we pumped out our bilge, with the result that the whole ship became full of foul smells and gases, which lasted for some days. Thirteen days after sailing, one of the cabin passengers, an Englishman aged twenty, who had since starting suffered from gonorrhœa, with its frequent consequences, worry and mental depression, told me that for the last three days he had felt very low and depressed, had slight rigors, and was very hot. I found him rather feverish and sent him to his bunk; vomiting soon came on, accompanied with slight diarrhœa; great pain in the epigastrium, tenderness in the right iliac region, and slight tympanites. Tongue fairly clean; no delirium; appetite fair; copious sweats at irregular intervals, and having a very peculiar odour. Temperature characteristic of typhoid, except that it was of a greater range and marked by irregular intermissions about the sixth or seventh day, and this repeated up to the 19th, the patient feeling almost well during these intermissions; but after the first week his chief complaint was of utter weakness and prostration, the other symptoms being fairly under control. Drugs had very slight effect, if any, on the course of the fever, and I found that the only thing which gave relief and seemed to lower the temperature for any time was cold bathing. On the twenty-first day, there having been an intermission of two days, I began to hope that I had seen the last of it; for although I had perused and reperused my books and notes, and hunted in every cranny of my brain, I could not remember ever seeing or hearing of any case just like this. I had diagnosed it as a case of abortive typhoid of a relapsing character, but I was really confused by its apparently resembling typhoid at one time and malaria at another, and, again, not like either, but a blurred image of both. But on the next day his temperature rose again, and the case assumed a more severe form, the patient lying utterly prostrated during the height of the attack and feeling very weak during the remission, the fever assuming more the remittent type, the temperature rising steadily with slight morning remissions for forty-eight hours, and then falling to nearly normal accompanied by profuse perspirations, the remissions lasting seventy-two hours. In a fortnight more he had become so weak that my prognosis was naturally gloomy, and as a last resource I had him carried on deck, the weather being fine. Two days after this he had an attack of acute pleuritis which lasted for a week; in his enfeebled condition I did not think he would get over it, but watched with interest the struggle of the fevers, there being a distinct attempt at remission accompanied by a moderate perspiration, quickly overcome by the inflammatory fever of the pleurisy. At the termination of this complication he was so weak and exhausted, his left base showing signs of consolidation that I felt beaten; my quinine and arsenic were both gone, and so I gave him a tonic—nitro-muriatic acid,—and, strange to say, after one slight attack the fever left him, and save for the mischief in the left base before mentioned, and which cleared up slowly, he had a rapid convalescence. Whether the fact of our putting into Ascension and getting the land breezes, or the pleuritic attack, or the mineral acids effected the cure is an interesting point with me still.

This, Sir, is a meagre account of a curious case, but, taken in connexion with Dr. Chaplin's, it is, I think, of interest, and the more so as I came to the conclusion at last that it was a hybrid, but from want of further experience was unable to verify it. Now it is extraordinary how few people understand thoroughly what the term "hybrid" should convey, for instead of accepting Dr. Chaplin's familiar but good type, the mule, they are more likely to fix their attention on the ancient centaur, which in reality is not a hybrid at all, but a monster. For as the monad of every living creature, man included, is, I believe, formed by a double germ, one from each parent, so also by the same law the monad of every specific disease must be made by a double germ, and by the same law must have two parents, the one parent being in the atmosphere perhaps, the other in the soil. Taking thus our typical hybrid, the mule, we see the germ of the father uniting with that of the mother, acting and reacting on each other, each asinine trait and feature being acted on and blended with the corresponding equine trait, and *vice versâ*; so that though we know and feel that the mule is half ass and half horse, yet we can pick out no particular characteristic attaching him to one or the other, although one may slightly predominate owing to the superior vitality of a particular germ. So in like manner the male or female parent of typhoid floating in the atmosphere, ready, on meeting with the other parent, to unite the two germs to form the deadly typhoid nomad, meets in the emanations from our bilge one of the progenitors of malaria; they unite, they blend together as before described, acting and reacting on each other and producing the perfect hybrid, not a monstrosity half typhoid and half malaria, but a distinct disease, in which one seems to see at times both types, but cannot separate one from another sufficiently to fix it and call it by its name.

I merely offer this explanation. I do not know that it has been offered before; but if it is not the right one, is there any other so plausible? (except, perhaps, the theory of simultaneous infection, and that would seem to point to a conflict between, rather than an alliance of, the diseases); for if the fevers both spring from a single germ, why unite to another at all against the natural law of disease? I may draw your attention to the fact that Melbourne is a hotbed of typhoid, and that the malarial poison is often found on ships; and also to the fact that after twenty-one days, the general period of typhoid fevers, the malarial type seemed to predominate.

I am, Sir, your obedient servant,

DENIS M. O'CALLAGHAN, L.K.Q.C.P.I., &c.

Mortimer, Berks, Sept. 21st, 1885.

THE MEDICAL DEFENCE UNION.

To the Editor of THE LANCET.

SIR,—In reference to Dr. Pearson's suggestion to the Medical Defence Association, read at the meeting held on the 23rd ult.—"That the usefulness of the Association might be considerably extended by affording assistance to medical men who are threatened with litigation, or against whom charges of malpractices or other grave accusations have been made for the purpose of extortion,"—kindly allow me to state that an association called "The Medical Defence Union," having this and other objects at heart, has already been established, and is, so far, meeting with the very cordial support of the medical profession, to whom it will be more fully introduced during the next few weeks. The Union has been duly and legally incorporated according to Acts of Parliament, and, for the protection of its members, registered with limited liability. I enclose prospectus for your perusal, and would further say that the Union will most willingly and heartily co-operate and work with any existing society or association holding similar views. The Union will, above all things, strive to be thoroughly active and effective, and will not rest until it has some thousands of members upon its register and a corresponding and fitting reserve fund, which will render it a most useful and powerful institution, equal to almost any possible demands that may be made upon it. The subscription is only 10*s.* per annum, and application for membership can be made to me.

I am, Sir, yours obediently,

CHARLES F. RIDEAL, Secretary.

Medical Defence Union, 17, Bedford-row, W.C., Nov. 2nd, 1885.

"INVERSION OF THE UTERUS."

To the Editor of THE LANCET.

SIR,—It is singular that the cry raised about the treatment of the case I recorded comes from the advocates of two particular methods promoted by themselves. It would be, to say the least, inconvenient if every man who urged the use of a special appliance, or who devised a splint or a pessary, were to raise an indignant wail against the practitioner who did not use it.

In reply, let me say that I believe far more in the intelligent conjoined use of the hands than in any form of instrument, nor do I expect any sudden result even by this means. I employed taxis for the space of an hour under an anæsthetic; it had been once previously tried for forty minutes with relays, and on several other occasions, nor can it be denied that this is a well-recognised method of treatment. Elastic

pressure was considered, but not advised, for the following reasons: because the uterus was small and hard, the vagina lax and extensible; because it was thought that pressure would increase the liability to septic infection after so much previous manipulation.

Death has followed from the use of elastic pressure, notably in one case recorded by Dr. West.[1] Dr. Macdonald of Edinburgh has reported two cases in which Tait's method was tried and failed.[2] It has often been found ineffectual, and the danger of its practice has been increased by the method of combining it with incision of the cervix. It is to be regretted that Dr. Aveling was subjected to a painful impression in connexion with this case. I wonder if he transmitted across the Atlantic a similar impression when Dr. Thomas of New York performed abdominal section in two cases of inversion, reducing them both, although one subsequently died; or if he called in question the proceeding of Professor Simpson when he similarly tried it. What kind of emotion did he exhibit to Courty, who records three cases of ablation by the elastic ligature; or would he be astounded to know that ablation has been advocated as even a first resource! It would be interesting to know his feelings if he heard of a death after the operation for shortening the round ligaments, or after one for the radical cure of hernia. What a painful impression must Dr. Emmet have produced in Dr. Aveling's mind when he proposed to open the base of the bladder as an aid to reduction.

I have myself seen three cases of inversion: one, many years ago, died of hæmorrhage and exhaustion; one I reduced by taxis; and the present one. The true interests of gynæcology, I am satisfied, tend to be more advanced by the frank and candid narration of cases than by dogmatic assertions of a universal remedy for every case.

I am, Sir, yours, &c.,

Birmingham, Nov. 11th, 1885. EDWARD MALINS.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I note with some interest your important remarks (THE LANCET, Saturday, Oct. 24th, 1885) on rabies, and upon hydrophobia consequent upon the bite of dogs in a rabid state. This disease has been prevalent in this country for the past two or three months, more especially in the Eastern Counties; but our attention has been more painfully directed to it by five inquests which have been held in this district upon children whose deaths have been attributed to this cause. Science has not yet discovered any cure for this dire disease, but it may be worth while to commit one or two ideas to paper upon this subject. Hydrophobia does not always attack immediately, but there is a variable latent period, and, if so, can we employ that time by preventive measures profitably? Excision of the tissues in the neighbourhood of the wound would hardly remove the conical-shaped puncture of a dog's tooth. Sucking the wound would depend for its performance upon its position in the human body. The point is clearly to destroy or remove the poison and some of the tissues with it. This is constantly attempted by the application of caustic nitrate of silver, but is a useless measure, as the salt acts far too feebly and superficially. The best caustics are solid carbolic acids, strong nitric acid, or strong sulphuric acid, if at hand and under proper guidance. But the best local treatment, because it is at hand in every house, is the actual cautery. A piece of thick wire—e.g., a skewer—heated to a white heat in the flame of a candle or lamp, should be carefully applied to all the punctures and neighbouring parts without hesitation. If this does not prevent an attack supervening, it should be treated as a zymotic disease of the worst type. Inject hypodermically small quantities of carbolic acid, sulphurous acid, morphia to allay irritation—may be, inhale chloroform; saturate the atmosphere of the patient's room with creasote or carbolic acid, keep the patient warm, and wait for elimination (which will probably never come), and be careful how you feed the patient.

I am, Sir, yours truly,

F. EACHUS WILKINSON, M.D., &c.

Nov. 1885. Senior Medical Officer of Health, Lewisham District.

[1] Diseases of Women, third edition, p. 232.
[2] Edinburgh Medical Journal, Sept. 1881.

THE CHOLERA AT GIBRALTAR.

To the Editor of THE LANCET.

SIR,—Will you permit me space for a few lines? Gibraltar has been visited with cholera of a malignant type, though occurring in sporadic and isolated cases. The visitation has been influenced by the exceedingly satisfactory sanitary condition of the town. Gibraltar is but three miles long and a quarter of a mile broad, and has a population something like 30,000, so the Sanitary Commissioners and other public sanitary servants deserve immense credit for their increasing labours, which have been attended by such a happy result. About thirty cases have occurred on the Rock and twenty-one deaths, showing an unusual mortality. All the cases have been traced to infection from without, or to gross carelessness on the part of those attacked in neglecting the onset of diarrhœa, drinking to excess, and eating such things as uncooked vegetables and unripe or overripe fruit.

And now I come to the particular object of this letter. In all cases of diarrhœa, which have been very common here during the prevalence of cholera, I found first treatment always successful if taken in time. I see in THE LANCET of Oct. 10th, in a communication from its Italian correspondent, the result of the treatment of cholera by Dr. Tunisi of Vicenza, and my limited experience here is in entire accord with his. A very sudden death from cholera took place here quite recently. The officer attacked had suffered from diarrhœa for about a week off and on before his death, and was thrice cured by me with McNamara's pill (one grain of powdered opium and three grains of acetate of lead). He however disregarded my solemn advice, did his duty, and ate and drank unadvisedly; and, finally, crowned his carelessness by not seeking advice till next morning, though terribly ill the whole night. He was collapsed when I saw him, and, in my opinion, beyond medical help. He died in twenty hours, though treated in accordance with McNamara's plan conscientiously carried out to the last.

I am, Sir, faithfully yours,

J. HOYSTED,

Gibraltar, Oct. 22nd, 1885. Surgeon, Medical Staff.

AN IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.

To the Editor of THE LANCET.

SIR,—The plan of inverting the head while operating for cleft palate is not a new one, so far as Manchester is concerned. For several years past I have invariably adopted it. I do not, indeed, allow the head to hang over the end of the table, but over a number of pillows placed under the chest, the vertex resting on the table. As Mr. Collier says, "there is thus much less trouble with the blood, while the parts concerned are also below the knife, instead of above it."

I am, Sir, yours truly,

Manchester, Nov. 9th, 1885. JAMES HARDIE.

EDINBURGH.

(From our own Correspondent.)

MEETING OF THE MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the Medico-Chirurgical Society for the present session was held on Wednesday, Nov. 4th. Several interesting pathological preparations were exhibited, and amongst them a bullet extracted from the internal condyle of the femur by Dr. MacGillivray after it had lain in that position for thirty years. A number of very excellent microphotographs were exhibited by Dr. Troup, illustrative of the appearances of certain constituents of sputum obtained from various sources. The retiring President of the Society, Dr. Littlejohn, then delivered his valedictory address, which contained much interesting matter relating to practical hygiene. He made special reference to the thorough system of notification and isolation of cases of infectious diseases which has long been carried out in Edinburgh under his direction, with the best results as regards the maintenance of a low death-rate in the city and the prevention of

epidemic outbreaks. He strongly advocated a course of practical tuition for undergraduates in those branches of hygienic science which would enable them on graduation to become efficient medical officers of health without further practical training; and he commented upon the greater facility with which hygienic and forensic measures alike can be carried out when the offices of medical officer of health and of surgeon of police are combined and held by a single occupant, specially if that incumbent can be freed from the cares of practice and from the suspicions to which his position as a practitioner might subject him in the discharge of his duties as sanitary inspector. On the motion of Dr. Argyll Robertson, Dr. Littlejohn was cordially thanked by the Society for his address. The election of office-bearers was then proceeded with, and the post of president for the ensuing year was conferred upon Professor Grainger Stewart, the vice-presidents being Drs. Batty Tuke, John Duncan, and Peel Ritchie.

ROYAL INFIRMARY.

The vacant post of assistant-surgeon has been filled by the appointment to it of Dr. F. M. Caird, F.R.C.S.E., senior Demonstrator of Surgery in the University of Edinburgh, and assistant to Professor Chiene. Dr. Caird has had a long course of training as a teacher both of anatomy and practical surgery in the University and in the extra-academical school, and his name is widely known as a successful teacher of both of these subjects, and as the author of articles relating to them, and to some questions in surgical pathology. His appointment will be hailed by all those Edinburgh graduates who have experienced his able tuition, and by the whole body of his colleagues in Edinburgh.

ROYAL MEDICAL SOCIETY.

The 149th session of this time-honoured and still thriving Society was inaugurated on the 6th inst. by an able address from Dr. Halliday Croom. The fine hall in which the Society meets was crowded to excess, and Dr. Croom had an enthusiastic as well as a most attentive audience. In his address he drew a striking contrast between the conditions of medical study in his own student days and those of the present time; and whilst admitting the great advances that have been made in methods of teaching, he deprecated the excessive hurry which is necessitated by crowding the study of so many new subjects into a period of time which has not been lengthened since the days when the subjects of study were much fewer and relatively less difficult. To allow sufficient time for the acquirement of purely professional knowledge, he advocated that the subjects of the first professional examination—botany, chemistry, and natural history—should be relegated to the preliminary examination, and put on a level with natural philosophy, than which they are not more important to the medical man. He strongly urged also the necessity which exists for a more healthful type of life amongst medical students, by whom, as a class, the claims of physical exercise are so much disregarded. At the close of his address Dr. Croom was awarded a hearty vote of thanks, on the motion of Dr. Noël Paton, the senior president of the Society.

PARIS.

(From our own Correspondent.)

THE TREATMENT OF RABIES.

AFTER the enthusiastic ovation received by M. Pasteur at the Academy of Sciences and of Medicine on the reading of the report of his important discovery with regard to hydrophobia, it requires a certain amount of courage to attempt to refute his statements; yet M. Jules Guérin, at the Academy of Medicine, questioned the real import of M. Pasteur's experiments, on the grounds that they constituted a sort of rabies purely theoretical, and that the means proposed as a remedy are equally theoretical; in other words, that the rabies thus produced is simply artificial, and it will be necessary to know whether the result of the inoculations practised by M. Pasteur will afford perfect immunity to man or animals, even if they be bitten by a dog really mad. The President of the Academy, anticipating a prolonged discussion, would not allow any other member to continue the subject on that day. At the Veterinary Congress, which was held in Paris last week, and over which M. Pasteur presided, this learned biologist opened the meeting by reading his report on hydrophobia; when, as at the Academy of Sciences and of Medicine, he received the unanimous applause of all present. M. Frégis, however, read a report on the same subject, which was drawn up in conjunction with M. Béraud; and, after an interesting discussion provoked by the report, M. Divonne put several questions to M. Pasteur concerning the case of the boy Meister referred to in his report, as he said he was not certain whether the dog that bit Meister was really mad. To this M. Pasteur replied that he was absolutely convinced that the dog was affected with rabies. Just before the close of the meeting M. Frégis proposed that all dogs even suspected of being mad should be destroyed; but this proposition was rejected, as might have been expected. The last meeting of the Council of Hygiene and of Salubrity of the Seine was also occupied with the subject of hydrophobia, owing to a report submitted by Dr. Dujardin-Beaumetz, in which he brought to notice the unusually large number of cases of hydrophobia that have occurred during the last year, and advised the Council to recall to the public the absolute futility of the ordinary means of cauterisations, such as with ammonia, the different alcohols, the tincture of arnica, and solutions of carbolic acid, so commonly used. Dr. Dujardin-Beaumetz recommended that when a person is bitten by a mad dog, or suspected to be so, the wound should be allowed to bleed freely, and then thoroughly washed and cauterised with a red-hot iron.

The young shepherd (Jupille) referred to in my last as being still under observation, and upon whom M. Pasteur has since ceased his inoculations, has returned to his native village. His room is now occupied by another lad of fourteen, who is said to have been bitten by a mad dog at Bordeaux. Two other children, also bitten by a mad dog, have been forwarded to Paris by the Mayor of Roubaix, to be subjected to M. Pasteur's treatment for hydrophobia. The persevering and zealous experimenter will soon have his hands full, as the confidence in his remedy is such that people come from great distances to consult him without even taking the trouble to find out whether the dogs that bit them were really rabid or not; so that M. Pasteur will, under the circumstances, have some difficulty in selecting his cases. Owing to the favourable results obtained by M. Pasteur, it is proposed to organise a special staff in different localities for the carrying out of his method, and that all medical men should be instructed as to the manner of its employment. In connexion with this subject, I may mention that a deputy of the Bouches-du-Rhône has proposed, through the Departmental Commission, that a professor of the Faculty of Medicine of Marseilles should be immediately sent to Paris to be initiated into M. Pasteur's experiments. The same deputy has also proposed the establishment of a "locale," with a regular staff and instruments to carry out the anti-rabic inoculation.

THE WEARING OF THE BEARD BY FRENCH SOLDIERS.

The reports ordered by General Campenon from general officers respecting the expediency or otherwise of the officers and soldiers of the French Army wearing the beard, and to which I referred in a recent letter, have been received at the office of the Minister of War. The opinions *pro* and *con* are nearly equally divided, so that it will now be left to the Minister to decide.

Paris, Nov. 8th.

EGYPT.

(From a Correspondent.)

TEN months ago Surgeon-Major Greene succeeded Dr. Sandwith as Vice-Director of the Sanitary Department, and it is interesting to note that further improvements have been introduced during that period, in addition to the satisfactory development of last year's reforms. Ismail Pasha Yousei, an unusually intelligent Albanian, boasting of an education at King's College, London, had had a varied experience of most Egyptian administrations before he was transferred from the Railway Board to the Presidency of the native Court of Justice. At the beginning of this year he was "promoted" from the Law Courts to sit in judgment on all sanitary, medical, and veterinary questions, most of which he quickly found were fraught with some moral corruption.

For six months he very loyally supported Dr. Greene in his labours, and then obtained leave to resign a post for which he had always contended that he possessed no technical knowledge. So, since August Dr. Greene has reigned alone, and it is greatly to be hoped that this arrangement will be permitted to continue, and a useless expenditure of £1200 a year be saved to the country.

GRANTS OF MONEY FOR COUNTRY FAIRS.

The great religious festivals in Egypt, generally more or less associated with orgies on a large scale, are of eight days' duration, and attract thousands of Moslems, the number of visitors to the chief Tantah Fair reaching sometimes 200,000. Until 1884 this mass of people, accompanied by their horses and cattle, was allowed to establish itself, gipsy-like, in tents upon a waste stretch of ground. No latrines existed, and no adequate means were taken to remove the filth of men and animals, while the inhabitants of the town were plagued by swarms of flies and vague fears of a cholera outbreak. But now all fairs are placed under a strict *régime*, and with the ready assistance of the police the encampment is divided into quarters under the direct control of the sanitary officers, numerous earth latrines are thrown up daily, and an efficient body of scavengers is employed. For these expenses, at the last six fairs, special grants varying from £50 to £200 have been granted by the Egyptian Government.

CHANGES IN THE SANITARY PERSONNEL.

The list of *employés* in the Sanitary Service, originally devised by a native pasha, has for a long time required modification, but vested interests and powerful protection have hitherto stood in the way of much change. Certain important posts have now been abolished by the Council of Ministers, and the Veterinary Department has been decidedly improved. One European inspector-general is to reside at Cairo, instead of two provincial veterinary inspectors. His pay will be £420 a year, besides travelling allowances. Four sub-inspectors at £240 each will also have their head-quarters in Cairo, and three veterinary surgeons will, as before, watch over the markets and slaughter-houses of Cairo and Alexandria. The class of useless and ignorant district "vets." is summarily abolished, thus saving £2160 a year; but provision is made that any of them showing adequate knowledge of his profession at an impending examination will still be employed in some capacity by the State. The services of four clerks have also been dispensed with, and one secretary instead of two has been placed in charge of the Arabic and European officers in Cairo. The post of sanitary engineer has been specially created, and it will be highly important to secure an Englishman to fill it. The pay is fixed at £480 a year, besides travelling expenses. Another newly-created post is that of a doctor, at £240 a year, to be attached to the chief office in Cairo, and a suggestion has been made that it might be possible to secure the services of a qualified lady to supervise midwifery in the harems, and also attempt to lower the high rate of infant mortality, for which maternal ignorance is largely responsible. But this experiment would, perhaps, meet with opposition from the very class it is intended to benefit. Two much-wanted native assistants have been granted to the hospitals of Port Said and Kasr-el-Aini (Cairo). As a result of other changes, it is decreed that Rosetta Hospital shall become a convalescent home, if funds can be obtained from the Government to cover the railway transport of patients; and that Ghizeh Hospital, only three miles from Cairo, shall be suppressed as being unnecessary. The patients have already been transferred to Kasr-el-Aini, and consisted of one man with syphilis and ten surgical cases, mostly cut heads sent into hospital against their will by the mudir or police. As the town of Ghizeh furnishes many such cases, a daily ambulance service has been started between it and Kasr-el-Aini.

EQUIPMENT OF HOSPITALS ON A STANDARD PLAN.

The Egyptian system of managing provincial hospitals has too often failed to provide either for the due furnishing or maintenance of absolute necessaries, and the demands from local doctors have been invariably pigeon-holed. Very careful lists have now been printed and supplied to show the managers of hospitals an inventory of all articles under their charge, and twice a year they are now required to send in an indent for all requirements, divided under four heads—(1) drugs; (2) surgical instruments; (3) furniture for wards, linenry, kitchen, &c.; (4) daily necessaries, which are now supplied through a local contractor. By this means the mudir of the province becomes merely the banker and paymaster of the sanitary department, and ceases to exercise despotic control over the details of the inner hospital life. These forms further show how long each article ought to last, and its actual duration. The establishment of medical stores and the regulation of various supplies periodically to the provincial hospitals have swept away the cumbrous and useless system of so-called verification which had been in use for many years. By this the country apothecary was bound to send to Cairo monthly a strict record of all pills, lotions, and other prescriptions dispensed by him, and this was then compared by an accountant's clerk at the central office with a standard list of such preparations as it was thought might legitimately be used.

WANT OF HOSPITAL BUILDINGS.

Of the twenty civil hospitals in Egypt, only two were specially built with that end in view, the remaining eighteen being all adapted from existing barracks or private houses. During Dr. Sandwith's tenure of office the Mehallet Hospital was closed as being more calculated to produce than to heal disease; the Shebin Hospital was transferred to a wing of the mudir's office from a stable-like building infested by snakes; the Damanhour Hospital was dispossessed of a usurping mudir, who had coolly taken it as his private residence, and turned the patients into a miserable hut in the most crowded part of the town; the Fazoum Hospital was transferred to a perfectly new school building; and improvements at Kasr-el-Aini and the Lunatic Asylum were begun and afterwards carried on under Dr. Greene's guidance. But much is still wanting, and £7000 could be expended every year on ho-pital buildings alone, if only that sum could be obtained from the Finance Committee. Assiout Hospital is a disgraceful old building, immediately above a crowded prison and the clanking chains of noisy convicts; while the hospital at Benha bids fair to tumble down about the inmates' ears, and in the meantime patients have to be sent from it by train to Cairo. Enough has already been done in 1885 to show that there is no lack of initiation on the part of the sanitary authorities, and that no obstruction is offered by the Egyptian Government to any scheme not involving a great expenditure of money.

Cairo, Nov. 3rd.

THE SERVICES.

ARMY MEDICAL STAFF.—Brigadier Surgeon George Umsby Will has been appointed Principal Medical Officer on the staff of the High Commissioner and Commander-in-Chief of Cyprus.

INDIAN MEDICAL SERVICE.—Surgeon-Major W. E. Johnson, I.M.D., has been appointed Secretary and Statistical Officer on the Staff of the Surgeon-General of the British Forces in Madras.

The Queen has approved of the retirement from the Service of the undermentioned officers:—Surgeon-Major Lewis Edward Eades, of the Bengal Medical Establishment; Surgeon-Major Philip Wyatt Cockell; and Surgeon-Major John Thomson Welsh, M.D., of the Bombay Medical Establishment. The undermentioned officer has been granted a step of honorary rank on retirement—Surgeon-Major Philip Wyatt Cockell, of the Bombay Medical Establishment, to be Brigade Surgeon.

ADMIRALTY.—The following appointments have been made:—Surgeon John R. M'Donnell, to the *Audacious;* Surgeon Edward W. von Tunzelmann, to the *Constance;* and Surgeon Alfred M. Page, to the *Hercules.*

ENGINEER VOLUNTEERS.—1st London: Surgeon Edwin Thomas Watkins is granted the honorary rank of Surgeon-Major.

UNION FERNANDINA.—The Lima Medical Society, called the "Union Fernandina," has just been celebrating its second anniversary under the presidency of Señor Avendaño. During this time many difficulties and troubles of a local character have had to be surmounted; but a good deal of solid work has been accomplished in the way of original papers which have been published in the organ of the Society, *La Cronica Médica,* and information of a valuable and practical character has been diffused amongst the members. also a library consisting of more than thirteen hundred volumes collected.

New Inventions.

SALMON'S IMPROVED RIDING THIGH-BAND AND OBSTETRIC BINDER.

To those accustomed to ride much it is well known that the continuous strain upon the thigh muscles, especially the adductors, often causes considerable pain and distress; and to remedy this different forms of support have been devised. The great drawback with most of them is the difficulty in keeping them from slipping down. This defect appears to have been effectually remedied by Mr. Salmon, of Wimpole-street. The outer covering of the band is made of rubber, which, on account of its "clinging character," causes the muscles of the thigh to be firmly grasped without fear of displacement. No waistband or suspender is necessary. Of course the band must not be too tightly strapped, or it would interfere with the freedom of the venous circulation and tend to the development of dilatation and varicosity.

Mr. Salmon has also invented an "obstetric binder," which is intended to take the place of the towel generally used immediately after delivery. The device is a clever one, inasmuch as it renders any movement of the patient for the purpose of readjustment quite unnecessary; and in addition to this the binder fits more accurately, and is thus more comfortable, than the ordinary towel.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an ordinary meeting of the Council held on Thursday last, at which all the members, with the exception of Mr. Cooper Forster, were present, the minutes of the last meeting were read and confirmed. The President reported the result of the meeting of Fellows and Members on the 29th ult., and the resolutions then carried were submitted to the Council, and the following resolutions were unanimously adopted:—1. That the Council think it not desirable to diminish the privilege of the Fellowship of the College by depriving Fellows of the exclusive rights of electing to the Council, and of being eligible to become members thereof. 2. That in the opinion of the Council it is quite impracticable for the Council to act on the second resolution adopted at the meeting of the Fellows and Members. 3. That it be referred to the President and Vice-Presidents to prepare a statement to be laid before the next meeting of Fellows and Members, and that it is advisable that such statement should clearly convey the Council's decided opinion that it would not be for the good of the College that the Members generally should vote at the election of Members of Council, and should explain the reasons for that opinion. And that the statement should also include the reasons why it is impracticable to give effect to the second resolution.

It was decided to hold an extraordinary meeting of the Council on Tuesday next, at 4 P.M., for the consideration of the report of the President and Vice-Presidents, and for the transaction of the other business which could not be completed on the 12th.

Mr. Hutchinson gave notice of the following motion to be discussed at the next meeting on the 17th: "That the Council do take into consideration proposals for widening the basis on which the Fellowship is obtained."

The recommendation that the Ceylon Medical College be added to the list of medical schools recognised by the two Colleges was approved, adopted, and entered on the minutes.

VACCINATION GRANT.—Mr. Edwards, M.R.C.S. and L.R.C.P., Harrold, Beds, has obtained the Government grant for successful vaccination.

Obituary.

DR. W. B. CARPENTER.

THE profession at large will have felt much regret at the death, under very sad and distressing circumstances, of Dr. W. B. Carpenter, which resulted from the overturning of the lamp of a vapour bath, on the 9th inst., inflicting such severe burns that he only survived for a few hours after the accident.

Dr. Carpenter was born in Bristol in 1813. His father was the well-known Unitarian minister in that city, and his sister was Miss Mary Carpenter, who in early life was engaged in teaching, and at a later period occupied herself with the education and general advancement of women in India. Dr. Carpenter's medical education was commenced in the Bristol School of Medicine, from which he passed to University College. He was admitted a Member of the College of Surgeons and a Licentiate of the Society of Apothecaries in 1835, and in 1839 graduated at Edinburgh. After practising for a short time in Bristol, he relinquished the active pursuit of medicine and his appointment of Lecturer on Forensic Medicine in the Medical School, and settled in London, where he soon obtained the appointment of Lecturer on Physiology at the London Hospital School of Medicine. His first work of importance was the Principles of General and Comparative Physiology, which was published in 1839, and was dedicated to Sir John Herschel, and which, as the author states in his preface, was peculiar, not only in giving a complete outline of the animal kingdom, but in the introduction of a similar view of the comparative structure and functions of vegetables, which are shown to be governed by the same laws. The work embraced the substance of an essay previously published on the laws regulating vital and physical phenomena, to which the Annual Students' Prize had been awarded by the medical faculty of the University of Edinburgh in 1837, and also of an essay on some departments of vegetable physiology. This work was so well received that it induced him to write his well-known Treatise on Human Physiology, which has passed through many editions, and which, when first published, was undoubtedly the best-arranged and most clearly written work on physiology in the English language. Other volumes followed in rapid succession, amongst which his Manual of Physiology, the Microscope and its Revelations, and his Principles of Mental Physiology deserve special mention. In the last-named treatise he discussed calmly and dispassionately the subjects of mesmerism, table-turning, and the like; and instead of ridiculing or bluntly denying the phenomena said to be observed, patiently set himself to verify facts, and to explain on rational grounds those which, however incredible they might at first sight appear, were still susceptible of explanation, whilst he did not hesitate to denounce those he thought were due to insincerity or actual fraud. In 1856 Dr. Carpenter was appointed Registrar of the University of London—an office which he held for twenty-two years; and being by this means left free to follow the bent of his talents, he devoted his leisure to the description and depiction of the Foraminifera, and subsequently to the examination of the results of the *Challenger* expedition, his investigations being specially directed to the causes and courses of ocean currents. After becoming comparatively early in life a Fellow of the Royal Society, he became one of its vice-presidents, and was the recipient of the Royal medal for his physiological researches. He was also a Fellow of the Geological and Linnæan Societies, as well as of many others. He was made an honorary LL.D. of the University of Edinburgh in 1871, and was created a C.B. soon afterwards. In 1872 he presided over the Brighton meeting of the British Association. He had for some time previously to the accident which caused his death been in failing health.

The great charm of Dr. Carpenter's writings is in their lucid expression, a clearness that resulted, of course, from the thorough mastery he possessed of every subject on which he wrote. This feature was particularly observable in his more popular works, and was seen to perfection in

such articles as those on the Zoetrope and its antecedents, the Phenakistoscope, the Stroboscope, and the Anorthoscope, written fifteen or sixteen years ago in the *Intellectual Observer*. The effects produced by these ingenious toys are by no means easy to explain without recourse to scientific language. Yet anyone of ordinary intelligence can follow his explanation with perfect ease, and it was this quality that caused his treatises on Physiology to hold for many years the foremost place in this country as sound and thoroughly trustworthy expositions of that subject. Not a great experimenter, like his master, Dr. REID, of whom he always spoke in the highest terms, he yet fully understood the value of experiments, and made such careful deductions from those of others that, in looking through his larger works as they left his hands, it is impossible to avoid feeling that to bring them up to the present time little requires to be expunged or altered, but much, as might be expected, to be added. In person, Dr. Carpenter was rather above middle height, of quiet and retiring manner, grave and rather cold and formal in his address, yet thoroughly willing and anxious to assist those who applied to him for advice in all scientific matters. His family, several of whom have long been familiar names in the scientific world, may feel assured that the profession mourns with them the loss of one so thoroughly high-principled and so universally esteemed.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations, were admitted Licentiates in Dental Surgery at a meeting of the Board on the 6th inst.:—

Booth, Richard Baxter, Fentiman-road, Kennington.
Collett, Edward Pyemont, St. Leonards-on-Sea.
Goadby, Allan Lindsay, Henley-on-Thames.
Helyar, Albert, Southhill-park, Hampstead.
Jeffery, Louis, Campdale-terrace.
Maberly, John, Keppel-street.
May, Robert, Sharsted-street, Kennington-park.
Murray, Harold, Parliament-hill, Hampstead.
Palethorpe, William, Albert-street.
Pedley, Samuel Edward, Railway-approach.
Richards, George Oliver, Bristol-road, Birmingham.
Rouw, Robert Wynne, Ladywell-park, Lewisham.
Sexton, Louis Edwin, Portland-square, Plymouth.
Williams, Tom Gill, St. Margaret's-road, Brockley.

Fourteen candidates presented themselves for this examination, all of whom passed.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following candidates have passed Part I. of the First Examination, recently held:—

W. Ashby, R. H. Aston, R. F. R. Austin, J. R. Bailey, S. H. Banks-Price, L. Beckitt, D. T. Belding, C. E. W. Bennett, †W. R. Bennett, A. O. Bentham, F. W. Beville, †W. P. Birnie, S. R. Blake, *A. B. Blomfield, A. N. Boycott, †J. T. Brickwell, C. W. Brisley, †E. W. Brunton, D. Cannan, *G. Carolin, *R. T. Cassal, H. T. Challis, B. R. Clarke, J. T. Clarke, J. Clough, †I. Cohen, P. Coleman, A. Conway, J. A. Cooke, *L. Cooper, J. Cornilliac, F. G. Cory, *A. H. Cresswell, *J. M. Crocker, H. N. Crossley, *H. P. Cuthbert, S. A. C. Dallas, W. P. T. Daniel, W. M. Davidson, A. C. Davies, *F. W. S. Davies, B. H. Deare, F. Dugon, *A. S. Dutton, W. V. Eaves, R. H. Elliott, W. C. Ellis, F. Faichnie, W. S. Fenwick, F. E. Forward, H. Fowler, *R. H. French, *T. W. F. Gann, A. C. Gaskin, W. Gibson, G. V. M. Gideon, F. Goodwin, *H. Gordon, A. Greenwood, F. W. Gunn, W. Hall, F. S. Harris, A. Hawley, A. G. Haydon, †A. F. Heaton, W. S. Heberden, G. G. B. Hein, W. D. Henderson, W. Henver, R. T. Hewlett, H. R. Hick, *C. B. Hillyar, *G. H. S. Hillyar, *W. Hirst, E. Hobhouse, J. L. A. Hope, †R. Hopkins, W. Horsfield, †G. S. O. Howse, M. L. Hughes, H. H. Hulbert, R. J. Hutchinson, J. W. Hutton, A. T. Ilott, B. F. F. Jackson, G. T. James, J. M. James, †W. E. James, T. J. P. Jenkins, †H. D. Johns, *H. W. Jones, P. N. Jones, *H. M. Jordan, *A. R. Joscelyne, H. W. Kershaw, *P. W. Keytel, *L. W. Keiffenheim, M. A. Khan, †F. W. R. J. King, *A. R. Lacy, *G. H. Lancashire, C. R. Lane, D. Lawson, M. Le Cronier, E. H. Lemon, †J. B. Lemon, E. R. Lichfield, F. Lomnon, G. McGregor, A. C. Major, *H. M. Manley, E. E. Manwaring, *C. D. Marshall, P. E. Marshall, †J. H. Maund, W. Metcalfe, A. S. Milner, F. R. S. Milton, C. P. Morgan, C. H. D. Morland, †P. T. Naden, *W. R. Naylor, B. Neill, R. H. Norgate, *E. B. Norton, *C. E. Oakley, E. T. O'Kell, C. E. Ormerod, H. B. Osburn, I. N. Paris, E. E. F. Pearse, D. Peters, H. M. Philpotts, B. Pierce, E. D. Y. Pode, F. A. Pond, A. R. Poulter, W. E. E. Powles, C. J. Prime, C. H. D. Ralph, S. H. Raynes, H. W. K. Read, E. J. Reynolds, H. W. Reynolds, J. Ring, R. H. Robinson, G. H. D. Robinson, R. M. H. Rogers, A. Rollason, H. Romer, †R. R. Rouse, *P. J. Ryan, C. A. Ryde, H. Sanders, W. Scott, *A. W. Seal, A. E. Sellers, G. Severs, *R. W. Sharman, J. E. Sharpley, H. M. Speechly, W. H. T. Storrs, E. R. Streeten, E. H. Strong, S. Sutton, A. J. Swallow, A. Sykes, *J. Taylor, *J. Terry, P. C. Thomas, W. Thomas, *R. P. Tillard, *F. Tinoco, H. C. Titterton, A. A. D. Townsend, N. A. A. Trenow, C. J. Underwood, *H. Vallance, H. A. Vernon, L. Wainwright, C. H. Wake, A. H. Walker, *L. H. Walsh, A. E. Watson, *R. Y. Watson, †H. Watts, *F. Webb, P. L. Webster, A. L. Wigan, †C. Wiggins, *A. W. Wigmore, E. Wilkinson, †A. M. Williams, *T. F. Woodhead, W. B. Wooding, †S. T. Worboys, E. S. Worts, D. D'A. Wright, H. E. Wright, W. Wright.

* Passed in Chemistry and Chemical Physics only.
† Passed in Materia Medica, Medical Botany, and Pharmacy only.

The following have passed Part II. of the examination:—

A. Alexander, W. R. Appleyard, R. F. E. Austin, *J. H. Barker, A. B. Batley, A. O. Bentham, †J. W. Beyts, †S. H. Birt, W. G. *Boase, *A. Boulton, †E. J. H. Budge, †H. S. Chavasse, J. T. Clark, T. E. Collier, A. Conway, J. A. Cooke, *W. B. Curgenven, †W. P. T. Daniel, C. L. Dawson, *A. Duckham, O. Eaton, C. E. P. Fowler, H. Gordon, F. W. Gunn, †G. G. B. Hein, †F. P. Hill, *C. L. Howe, J. F. Johns, †A. E. Joscelyne, A. R. Lacey, †R. W. Lake, G. H. Lancashire, G. L. Meredith, W. J. Mitchell, W. Penberthy, R. H. Robinson, *A. Rollason, †W. B. Roth, P. Rowan, W. Scott, J. H. Sequeira, F. O. Simpson, *J. R. Spensley, †A. B. S. Stewart, J. Taylor, †F. Tinoco, †H. A. Vernon, W. H. Watkins, A. E. Watson, R. M. West, †H. Wiggins, †R. J. Williams, †J. Wood, †H. E. Worthington, H. E. Wright.

* Passed in Elementary Anatomy only.
† Passed in Elementary Physiology only.

COLLEGE OF PHYSICIANS IN IRELAND.—At the October examinations the following gentlemen obtained the Licences in Medicine and Midwifery of this College:—

MEDICINE.—Clarinda Boddy, Ambrose Edward Ignatius Birmingham, William E. Le Fanu Hearn, Gerald Beatty Irvine, R. D. Purefoy.
MIDWIFERY.—Joseph Thomas Daly, Ambrose E. Birmingham, John Cuthbert, Edward Wolfenden Gray, Gerald Beatty Irvine, William Edward Le Fanu Hearn, William Ross Knight, James Alexander Lindsay, Edward Leslie Pooler, Richard D. Purefoy, Thomas Walton Dwyer.

The undermentioned was admitted a Member:—

Theophilus William Trend.

SOCIETY OF APOTHECARIES.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on the 5th inst.:—

Anderson, James, The Abbey, Abingdon.
Williams, David, Pontgarrey, Johnstown, Carmarthen.

The following also passed in the Science and Practice of Medicine, and received a certificate to practise:—

Shackleton, Thomas Francis, Grassmere, Honley-road, Catford.

On the same day the following passed their Primary Professional Examination:—

Arthur Blair Avarne, London Hospital; John Conyers Bell, Guy's Hospital; Charles Ernest Thomas, Middlesex Hospital.

SOCIETY OF ARTS.—The 132nd session of this Society will commence on Wednesday, the 18th inst., when the opening address will be delivered by Sir Frederick Abel, C.B., D.C.L., LL.D., F.R.S., Chairman of the Council.

DR. THOMAS ESMONDE CAHILL, Ballingany, co. Tipperary, candidate for North Kilkenny in the Liberal-Conservative interest, died suddenly at his residence on Tuesday last.

THE Guardians of the Warminster Union have awarded their late medical officer for the Codford St. Peter district, Mr. Isaac Flower, an allowance of £50 for one year.

NEW COTTAGE HOSPITAL AT WATFORD.—On the 4th inst. the foundation-stone of a cottage hospital was laid at Watford by the Countess of Clarendon. The building, when completed, will afford accommodation for nine patients, and the estimated total cost is £2700, of which upwards of £1000 has already been raised by public subscriptions.

THE Manchester Medical Annual Dinner was held on Nov. 4th at the Grosvenor Hotel. One hundred and ten students of medicine and the majority of the members of the staff were present. There were also present representatives from the Leeds and Liverpool Schools. After dinner a pleasant evening was spent.

VENTILATION OF THE SESSIONS HOUSE.—At a recent meeting of the Court of Common Council attention was called to the severe remarks recently made by one of Her Majesty's judges in regard to the want of proper accommodation at the Sessions House for judges and witnesses, and a motion was carried that the matter be referred to a committee to confer with the sheriffs and under sheriffs. The arrangements at present existing were characterised as disgraceful, and it was stated that the ventilation, or rather the want of it, was as bad as it could possibly be.

VICTORIA UNIVERSITY.—On Thursday, Nov. 5th, the degree of Bachelor of Medicine was conferred on James Macfarlane Clarke and Edward Gordon. These are the first candidates who, having pursued prescribed courses of study and passed the required examinations, have been admitted to this degree.

THE ROYAL RED CROSS.—After the recent inspection of the Cavalry at Aldershot, the Field Marshal Commanding in Chief presented Sister Ireland, one of the nurses at the Cambridge Hospital, with the Royal Red Cross, in recognition of her services as a nurse during the late Egyptian campaign.

PRESENTATION.—Dr. Wright of Wakefield was, on the 22nd ult., entertained at a complimentary dinner, when the presentation of a valuable silver kettle, on the occasion of his golden wedding, took place. On the following day a gold pen and pencil were also given to Dr. Wright, and a gold brooch to Mrs. Wright.

TEMPERANCE LEGISLATION.—The Council of the Social Science Association have decided to organise a conference on "Temperance Legislation," to be held on the eve of the meeting of the new Parliament. The details of the work have been referred to the executive committee, with power to add to their number.

THE CHOLERA IN SPAIN.—At a final meeting of the Mansion House Committee of the fund for the relief of the sufferers by the cholera in Spain, held on the 4th inst., it was reported that the total amount collected was £4191, of which £3200 had been sent to the central committee at Madrid, £200 to Gibraltar and Linea, and £100 to Cadiz.

ON the 11th inst., at the Clerkenwell Vestry Hall, Mr. Nichols, who is appointed by the Home Secretary at the request of the Clerkenwell Vestry, opened an inquiry as to whether the Vestry's existing powers had been enforced respecting alleged insanitary and overcrowded tenement property. After evidence of considerable length had been heard, the investigation was adjourned.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL. The governors of this institution failing to see their way to maintain as a convalescent infirmary certain premises known as Beau Site, which were recently placed at their disposal, a committee of influential gentlemen, with the mayor at their head, has been formed for the purpose of considering whether it is not possible to carry out the scheme on a basis independent of the local hospital.

THE STATE OF THE LEA.—At the meeting of the Board of Works for the Holborn district, held on the 2nd inst., a report was handed in by Dr. S. Gibbon, the medical officer of health, in which it was stated that during the past fortnight three lads had died of typhus fever, supposed to have been contracted by them in bathing in the river Lea at Clapton. They were taken ill soon after bathing, and died in St. Bartholomew's Hospital, where they were treated.

THE DRAINAGE OF BELFAST.—The system of arterial sewers recently adopted by the Corporation of Belfast, and for which parliamentary powers are being sought, has the sanction of Sir Joseph Bazalgette, C.B., who is of opinion that the construction of the high level intercepting sewer in the first instance, as proposed, is the right mode of proceeding. The works are estimated to cost over £100,000.

DUBLIN HOSPITAL SUNDAY FUND.—The twelfth annual collections on behalf of the Dublin Hospitals took place last Sunday, and when the returns are furnished it is to be hoped that the total amount will not fall short of that obtained last year. The eighth annual football match in aid of the fund was held on the previous Saturday, and resulted in a sum amounting to £67 15s., less expenses, which brings the total amount paid to the Hospital Fund since the institution of these matches to £360.

HULL ROYAL INFIRMARY.—On the 5th inst., the ceremony of opening the new wing—to be called the Wilson wing—and the new out-patients' department of this institution was performed by Lord Herries, who was accompanied by the Mayor of Hull (Alderman Dr. Rollit), Mr. Norwood, M.P., Col. Smith, M.P., the Sheriff, and others. The new building consists of three wards, each 85 ft. 6 in. long, 26 ft. wide, and 13 ft. 6 in. high. Very important structural alterations are also in course of progress in the old portion of the building, the cost of which will be met by the fund, amounting to about £24,000, which was raised in connexion with the centenary celebration two years ago.

POISONING BY SHELL FISH.—A case of poisoning by mussels has just occurred at Kiel, where a large ferry boat constructed of iron was brought into the dry dock to be cleaned. Its sides were covered with mussels, which were taken home by the dock labourers and distributed among their families. The result was that twenty-nine people have been poisoned, of whom four died after a few hours' suffering and the lives of the remainder are in more or less jeopardy.

THE LATE EARL OF SHAFTESBURY.—In order to perpetuate the memory of the late Earl of Shaftesbury, forty years President of the Young Men's Christian Association, a Scholarship has been established in connexion with the Exeter Hall (London) University Classes. It is of the annual value of 12 guineas, secured by open competition, and is intended to encourage and assist young men (under twenty-one) to graduate at the London University. Regulations and other information can be had free on application to the Secretary, Exeter Hall, London.

MEDICAL MAYORS.—In the list of gentlemen who have been elected to fill the office of mayor in the various provincial towns for 1885-86, we notice the names of the following members of the medical profession:—Dr. W. J. Clegg, Bacup (re-elected); Dr. Hill, Bootle; Mr. S. Oldham, M.R.C.S., Burslem; Mr. D. E. Jones, F.R.C.S., Cardiff; Mr. A. S. Bostock, M.R.C.S, Chichester (re-elected); Mr. H. Laver, M.R.C.S., Colchester; Mr. H. E. Haynes, M.R.C.S., Evesham (re-elected); Mr. Rawling, M.R.C.S., Hartlepool (re-elected); Mr. W. Nettle, M.R.C.S., Liskeard (re-elected); Mr. Brooks, M.R.C.S., Ludlow (re-elected); Mr. J. H. Boughton, Tewkesbury (re-elected).

ROYAL UNIVERSITY OF IRELAND.—The following Exhibitions and Honours have been awarded by the Vice-Chancellor of the University:—First Examination in Medicine: Exhibitions—Second Class (£15), J. W. C. MacPherson. Honours—Second Class, J. W. C. MacPherson. Second Examination in Medicine: Exhibitions—Second Class (£20), Special Prize (£25), Wm. H. Thompson. Bachelor of Medicine: Exhibitions—First Class (£50 each), Ralph B. Mahon (disqualified by University standing), and John J. Redfern; Second Class (£25 each), Daniel McDonnell and Henry A. Cummins. Honours—First Class, Ralph B. Mahon and John J. Redfern; Second Class, Daniel McDonnell and Henry A. Cummins. Master in Surgery: Honours—First Class, W. J. R. Knight, Daniel McDonnell, and Benjamin Sumner. Master of Obstetrics: Honours—First Class and Special Prize of £20, John J. Redfern. Pass: W. S. H. Brand, Andrew Buchanan, Henry A. Cummins, M. H. Curtin, William A. Fogerty, John F. Haines, James S. Lyttle, Daniel McDonnell, John Menary, William R. Scott, Andrew S. Thompson, and William A. Whitelegge. Diploma in Sanitary Science: Robert Barry and F. H. S. Murphy. The Dr. Henry Hutchinson Stewart Scholarship for proficiency in the Treatment of Mental Diseases: Patrick A. Daly. Special Prize of £25, William H. Thompson.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BRISTOW, WILLIAM MOSS, M.R.C.S., L.R.C.P.Ed. (late House-Surgeon), has been reappointed House-Physician to the Liverpool Royal Infirmary.

BURD, EDWARD LUCETT, B.A.Cantab., M.R.C.S., has been appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital.

BUSH, J. PAUL, M.R.C.S., L.S.A.Lond., has been appointed Assistant-Surgeon to the Bristol Royal Infirmary.

COLLINS, A. WARD, L.R.C.P.Lond., M.R.C.S., has been appointed House-Surgeon to the Liverpool Royal Infirmary.

COOPER, CHARLES B., L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Assistant House-Surgeon to the Liverpool Northern Hospital.

DICKSON, JOHN DUNBAR, M.D.Q.U.I., M.Ch., has been appointed Medical Officer for the Bisham District of the Cookham Union, vice Robson.

DYER, Dr. C., has been re-elected House-Surgeon to the Mater Misericordiæ Hospital for the ensuing year.

GEMMELL, J. E., M.B., C.M.Ed., has been appointed House-Physician to the Liverpool Royal Infirmary.

HARRIS, JAMES CROFT, L.R.C.P.Ed. L.R.C.S.Ed., has been appointed Medical Officer for the Aveley District of the Orsett Union, vice De Brent.

HUGHES, S., M.B., C.M.Ed., M.R.C.S., has been reappointed House-Surgeon to the Liverpool Royal Infirmary.

JACK, ROBERT MATHERS, M.B., C.M.Aber., has been appointed Medical Officer to the School of Padgate, Warrington Union, vice Spinks.

LLEWELLYN, DAVID W. H., L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer for the Eighth District of the Tonbridge Union.

NUNN, JOHN ROBERT, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Stock and Bradley District of the Droitwich Union, vice Leacroft.

SIMMONS, HAROLD, M.R.C.S., L.S.A.Lond., has been appointed House-Physician to the Royal Hospital for Diseases of the Chest, City-road.

SOUTHCOMBE, ARTHUR G., L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer for the Long Preston Dis rict of the Settle Union, vice Lazenby.

WEIGHTMAN, A. E., L.R.C.P.Ed., L.R.C.S.Ed. (late House-Physician), has been reappointed House-Surgeon to the Liverpool Royal Infirmary.

Births, Marriages, and Deaths.

BIRTHS.

HERMAN.—On the 8th inst., at West-street, Finsbury-circus, E.C., the wife of G. Ernest Herman, M.B., F.R.C.P., of a son.

WALFORD.—On the 5th inst., at Paragon, Ramsgate, the wife of Edward Walford, M.D., of a daughter.

MARRIAGES.

COLES—GIPPS.—On the 4th inst., at East Farleigh, Maidstone, by the Rev. Canon Elwyn and the Rev. H. F. Gipps (brother of the bride), Donald Alexander Coles, M.D., of Sydney House, Chiswick, younger son of Stratton Coles, of Elgin-crescent, Notting-hill, to Mary Adelaide Bowdler, youngest daughter of the late Walter Gipps, of 32, Marine-parade, Dover.

DONALD—SMITH.—On the 6th inst., at Bartley Lodge, Broughty Ferry, N.B., by the Rev. David H. Lawrence, M.A., assisted by the Rev. Andrew Carter, M.A., David Donald, M.D., C.M., of Streatham, London, S.W., to Lizzie Sherwood, daughter of the late Charles Smith.

DOUDNEY—HALE.—On the 4th inst., at Christ Church, Ramsgate, G. H. Doudney, M.B. & M.R.C.S., eldest son of G. Doudney, of West Dulwich, to Lizzie Gertrude, eldest daughter of G. W. Hale, M.A., of Nelson-crescent, Ramsgate, only son of the late Rev. G. C. Hale, Vicar of Hayes, Middlesex.

EAGAR—SANDES.—On the 7th inst., at St. Peter's Church, Dublin, Surgeon-Major Oliver Stokes Eagar, F.R.C.S.I., of Tralee, to Mary Wilhelmina, widow of the late Major H. M. Sandes, and daughter of Hugh Bidon Yielding, Esq., of New Park, Croagh, county Limerick.

JOHNSTON—LEAF.—On the 5th inst., at St. Stephen's Church, South Kensington, by the Right Rev. Bishop Alford, James Johnston M.D., F.R.C.S.E., late of Shanghai, to Margaret Elizabeth, daughter of the late William Ladler Leaf, of Woodlands, Clapham-park.

RENDALL—MOULTON.—On the 2nd inst., at Fulham Parish Church, Stanley Morton Rendall, M.D., of Mentone and Aix-les-Bains, to Clara Louisa, younger daughter of the late George Canning Moulton, and granddaughter of the late Stephen Moulton, J.P., of Kingston House, Bradford-on-Avon.

DEATHS.

ARMSTRONG.—On the 4th inst., at Park-place, Gravesend, John Christopher Armstrong, M.R.C.S., L.S.A.Lond., aged 47.

BROOME.—On the 13th ult., at St. John's, Antigua, West Indies, from the results of an accident, S. Bernard Broome, M.D. Civil Service, eldest son of the Rev. J. H. Broome, of Houghton, Norfolk, aged 40.

CARPENTER.—On the 10th inst., at Regent's-park-road, London, from the effects of an accident, William B. Carpenter, M.D., C.B., F.R.S., in his 73rd year.

HENLEY.—On the 9th inst., at Combe Down, Bath, Thomas Leaman Henley, M.R.C.S., L.S.A.Lond., late of Croydon, Surrey, aged 64.

IRVING.—On the 22nd ult., at Rocklands, Sliema, Malta, the residence of his father-in-law, J. B. Sammut, M.D., George Clerk Irving, Surgeon-Major, Medical Staff, second son of the late Major-General Alexander Irving, C.B., R.A., aged 39.

PARSONS.—On the 11th ult., at West Haddon, near Rugby, C. W. N. Parsons, M.R.C.S., L.S.A.Lond., aged 54.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 12th, 1885.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 6	30·20	W.	39	37	...	49	35	·05	Foggy
,, 7	30·38	W.	47	45	...	43	37	...	Foggy
,, 8	30·32	E.	44	41	...	47	39	...	Foggy
,, 9	30·30	N.E.	47	45	...	49	43	...	Foggy
,, 10	30·32	E.	46	45	...	50	45	·03	Raining
,, 11	30·30	N.E.	43	43	...	45	42	·04	Raining
,, 12	30·24	S.E.	44	43	...	...	43	·02	Overcast

Medical Diary for the ensuing Week.

Monday, November 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M. Also on Thursdays at 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Drs. Colcott Fox and Heneage Gibbes: Specimens of Bromide of Potassium Eruption.—Mr. Clinton T. Dent and Mr. W. C. Bull: On Central Necrosis occurring in Children.

Tuesday, November 17.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
MEDICO-PSYCHOLOGICAL ASSOCIATION.—4 P.M. Dr. Conolly Norman: On some Points in Irish Lunacy Law.—Dr. Hack Tuke: On a Recent Visit to Gheel.—Dr. Savage: On some Hæmorrhages in General Paralysis.
STATISTICAL SOCIETY.—7.45 P.M. Opening Address by Sir Rawson W. Rawson (President) on "International Statistics, illustrated by Vital Statistics of Europe and of some of the United States of America."
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Eve: Two Cases of Sarcoma of the Tongue.—Dr. Chaffey: Hæmorrhage into Grey Matter of Spinal Cord.—Mr. Sutton: Cysts in the Reproductive Organs of Animals.—Dr. Hale White: (1) Fatty and Cirrhotic Liver; (2) (for Dr. Beavan Rake): Specimen of Leprosy (card).—Mr. Lockwood: Casts and Dissected Specimens of Contracted Fingers.—Dr. Norman Moore: Cases of Gout,—Mr. Shattock: Iridescent Calculi.—Dr. Gulliver: Stricture of Small Intestine.—Mr. D'Arcy Power: (1) Two cases of Osteitis Deformans; (2) Quiet Necrosis of Femur (card).—Mr. Larder: Cancer of Œsophagus (card).—Dr. Hadden: Right-sided Ulcerative Endocarditis (card).—Mr. Fenwick: Miliary Tubercle of Bladder (card).

Wednesday, November 18.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays at 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department: 9.30 A.M., on Tuesdays and Fridays.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department: 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.
HOSPITALS ASSOCIATION.—8 P.M. Dr. J. C. Steele: Cholera and the Hospitals.

Thursday, November 19.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Harveian Lectures by Dr. T. Buzzard on "Some Varieties of Paralysis dependent upon Peripheral Neuritis."

Friday, November 20.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
SOCIETY OF MEDICAL OFFICERS OF HEALTH.—8 P.M. Dr. Heron: Koch's Cholera Organism (with demonstrations).

Saturday, November 21.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MIDDLESEX HOSPITAL.—Operations 2 P.M.

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

SANITARY SCIENCE CERTIFICATES.

Mr. J. E. Cosney.—The fact of holding a sanitary science certificate ought to give candidates for public health appointments an advantage over those who do not hold such a certificate; but it must be admitted that this is by no means always the case. As yet the number of practitioners holding the certificates is so small that it would be impossible to make their possession a condition of appointment, and there are so many competent to hold a sanitary office who have no certificate guaranteeing efficiency that such a condition would at present be undesirable. But the time will come when all seeking public health appointments will have to possess some such guarantee, and the greater the number of those who thus fit themselves for office, the sooner will the change take place. Every year the value of such certificates is becoming more and more recognised; but they are in many districts by no means sufficiently understood to act as a counterpoise to the possession of local influence.

Mr. J. S. Dunlop, F.R.C.P.—A pamphlet issued by the National Health Society, and a tract called "How Baby was Saved," by Phyllis Brown, published by Cassell and Co.

THE letter of *Dr. Innes* shall have attention next week.

SEA BREEZES.

To the Editor of THE LANCET.

SIR,—In reference to an article in a late number of a contemporary, I should wish to point out that the statement that the "sea breezes at sea are all laden with moisture" is far removed from the experience of those who have gone long voyages. The air is commonly as dry at sea as it is on land in fine weather, and only becomes moist in our latitudes when the weather is wet, as on land. In a voyage round the British Islands in the s.s. *Ceylon* this season the difference between the dry and wet bulb thermometers varied often from 3° to 6°, and the evaporator indicated as much as ·20 in. to ·30 in. of evaporation of water on deck. Reference to ship's logs will show even more than this to be common enough, and particularly so in the trade wind regions, where dry polar winds prevail. It will therefore be untenable to maintain that sea life is more healthy than land life owing to the winds being moister. It would be more correct to say that they are healthier because they are drier, owing to there being much fine weather at sea. Everybody is now familiar with the sunburning of the face of the passenger at sea, which is likely to occur more often in dry, fine weather than in moistened air. That the sea air is damp has for a long time been a popular superstition; but experimental observation shows that it is an illusion, and should be dispelled. The deposit of dews on the decks of ships at night would seem to uphold the notion; but these chiefly take place when the air is quiet and no fresh breeze is blowing.

I am, Sir, yours faithfully,

W. J. BLACK, F.R.M.S.

Royal United Service Institution, Whitehall, Nov. 9th, 1885.

URINOMETERS.

To the Editor of THE LANCET.

SIR,—Having frequently noticed the difficulty with which the exact specific gravity is read off by means of urinometers, will you allow me to suggest that the makers should issue with them thin discs of cork with a hole in the centre, through which the stem of the instrument could pass, so that on placing the urinometer in a sample of urine this ring of cork could be slipped on the stem, and then, floating at the level, the exact number could be read off.

I am, Sir, yours obediently,

The Central School of Chemistry and Pharmacy, Marylebone-road, N.W., Nov. 4th, 1885. JOHN WOODLAND.

"LE PROGRÈS MÉDICAL."

THE "Students' Number" of our esteemed contemporary, *Le Progrès Médical*, was issued on the 7th inst. It not only contains full information concerning medical education in France, as well as notices of all the medical and scientific societies, but several pages are devoted to the schools and universities of foreign countries—viz., England, Germany, Austro-Hungary, Switzerland, Holland, Denmark, Sweden, Norway, Belgium, Italy, Portugal, Spain, Greece, Turkey, Russia, Roumania, Servia, Mexico, Brazil, Columbia, Chili, Peru, Venezuela, Uruguay, Argentine Republic, United States, Canada, Japan, and China. It needs, in fact, little but our Australian Colonies and New Zealand to have rendered the list complete, although, as may be expected, the information from some of these countries is but meagre. The journal opens with a long article by the editor (M. Bourneville) and M. Bricon, dealing with pathological institutes, and pointing out the inferiority of the Paris hospitals as compared with those of Germany in this respect, and the remedy attempted for this defect in the case of the Hôtel Dieu. The article is illustrated by plans of the very complete pathological institute at Basle.

Dr. Broadbent's and *Mr. Kenneth Cornish's* letters arrived too late for attention this week.

UNUSUAL TERMINATION OF AN ABNORMAL LABOUR.

To the Editor of THE LANCET.

SIR,—The following case may be deemed sufficiently interesting to claim insertion in your columns on account of its somewhat unusual termination without artificial aid.

On Nov. 3rd I was called at 9.30 A.M. to a labour case. On arrival I found the buttocks and legs of a female infant, which was dead, protruding from the vagina. This condition, I was told, occurred at 6 A.M. There had been no pains since then up to the time of my arrival. On examination I found the arms extended above the head; these with very little difficulty I brought down, also the shoulders. There still continued great resistance to traction. I managed to get the index finger of my right hand into the mouth of the fœtus, and grasped the pelvis with my left. I then told the midwife to place her hand over the womb externally, after which I made considerable traction, but with no result. The head was evidently larger than usual, but the bones more yielding. The patient's condition being good, I gave four half-drachm doses of the solution of ergot at intervals of twenty minutes; but still no pains were produced. I then left to fetch a perforator, telling the midwife, who was rather more than usually experienced for a country district, that I would return as soon as possible. On my return, about an hour afterwards, she informed me that labour pains had set in very strongly indeed almost immediately after my departure, and with them the expulsion of the head." On examination I found a fœtus fifteen inches in length, the subject of hydrocephalus; the circumference of the head was 17 in., and the length 8 in. The bones of the head were freely movable. I believe it is rather an unusual occurrence for a child with a head of these dimensions, even the subject of hydrocephalus, to be expelled without instrumental interference. I may mention that the pelvis was fairly roomy, and that this was the patient's second confinement.

I am, Sir, yours truly,

Wadebridge, Cornwall, Nov. 5th, 1885. F. G. STEWART, M.R.C.S., &c.

"BEER ACCOUNT AT EPSOM COLLEGE."

To the Editor of THE LANCET.

SIR,—Your correspondent, "Retrenchment," seems to be unacquainted with the number of pupils, &c., at the Royal Medical Benevolent College. The school is open for about 274 days in the year, and during that time there are 200 boys, besides masters and servants, to have dinner and supper (the two meals at which beer is supplied). No boy is ever allowed more than one glass at any meal, so that one can hardly say that two small glasses of beer a day are harmful. When football teams come down to play they have some refreshment—and what more suitable than beer? When two teams come down, as happens once every week at least, it means beer for thirty. So that with the pupils, masters, servants, and teams, I think £200 odd is a very reasonable expenditure. I may add that I am a total abstainer, and have been for many years. I remain, Sir, your obedient servant,

Nov. 10th, 1885. Q.

"ROCK FEVER."

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me what "Rock fever" is? It is said to be very common in Gibraltar and along the Mediterranean. From the description that has been given me I cannot recognise any of our English fevers. I am, Sir, yours very truly,

Somerfield-road, N., Nov 9th, 1885. R. W. GREENISH.

THE ANT.

To the Editor of THE LANCET.

SIR,—I should feel obliged if any of your numerous readers could oblige me with some means of getting rid of the ant, or emmet. They have become so numerous as to be a pest, running over food, &c., and rendering the place unbearable.

I am, Sir, yours obediently,

Chiddingfold, Godalming, Nov. 4th, 1885. J. F. MILNER, M.R.C.S.

MEDICAL EDUCATION IN HUNGARY.

IN the Hungarian Budget there is a provision of 4,500,000 florins for education, of which sum the University of Buda-Pesth is to have 583,930 fl., and that of Klausenburg 215,828 fl. In the latter a clinic for mental diseases is to be established and a physiological and hygienic institute built, while in Buda-Pesth an institute for forensic medicine is to be erected.

"ROYAL CORNWALL INFIRMARY."

To the Editor of THE LANCET.

SIR,—I have already written at considerable length to the Committee of Management of the Royal Cornwall Infirmary (on Sept. 17th last), fully and faithfully setting forth my position in relation to the extraordinary course of procedure that body have elected to adopt towards me, and that letter is a full and truthful answer to the Rev. Mr. Tomlinson's misrepresentations in his communication to THE LANCET of the 31st ult.

I must now, however, beg to be permitted to take notice of some new and most serious allegations, for the first time brought forward by Mr. Tomlinson, and which, unless flatly contradicted, would compromise my professional reputation. I quote his own words:—"Dr. Williams had previously at that meeting declared he was not going to take a general, but only a consulting practice. Could anyone have supposed that Dr. Williams, after such a declaration, would have desired to examine and prescribe for upwards of 100 out-patients a quarter, both medical and *surgical* [the italics are mine] cases?" I may state for the information of Mr. Tomlinson that there would have been nothing unusual or irregular in any physician's attending and prescribing for the comparatively small number of medical out-patients he quotes, and I have before attended very many more myself. But I indignantly repudiate his disingenuous and untrue allegation that I ever desired to attend the surgical out-patients, who, as a matter of course, legitimately belong to their respective surgeons. I also further emphatically deny ever having made the alleged or any other declaration at my election, or at any other meeting of the governors whatever; neither was I ever questioned, directly or indirectly, on the subject. It is true that, being a Member of the Royal College of Physicians, London, and according to the rules of the hospital I would be debarred from general practice—a privilege I did not wish for or covet—and would, I suppose, come under the category of a pure, or, if preferable, consulting physician. But what had this to do with the case under consideration? Another point which I feel desirous to elucidate a little more is in relation to Mr. Tomlinson's arbitrary reference to my non-arrival on the day appointed—viz., Aug. 12th,—inasmuch as I had taken the precaution to telegraph to my friend and predecessor, Dr. Jago, to continue his attendance on the in-patients till my arrival on the 13th. Had I even arrived in Truro before, there was not the slightest necessity, in the face of my contract with the General Board of Governors, unless requested to do so, for me to attend the committee meeting. And if I had not arrived in time to attend the out-patients on the following Saturday (Aug. 15th), the rules of the hospital provided for the contingency, without the slightest necessity for the uncalled-for action on the part of the committee in direct violation of my contract with the General Board of Governors at my election. The rest is fully gone into in my communication to the committee of September 17th. Duties of House-Surgeon, Sec. 12:—"That in case of non-attendance before the hour of 11 o'clock on any morning of any of the visiting physicians or surgeons having patients under his or their charge, he (the house-surgeon) attend to such patients."

Mr. Tomlinson disingenuously suggests "that nothing was said *in the advertisements* to the effect that the physician would be required to see the out-patients." It is always understood, in accordance with the unwritten law that altereth not, that the physician has the control of the medical cases—a fact with which everyone having the slightest knowledge of hospital organisation is acquainted. It would be amusing were it not serious, to observe the complacency with which the president refers to the admission made by the Editor of THE LANCET, forgetting that London hospitals are not provincial hospitals, and that if they were it would not do away with the fact of his and the committee's interference with their direct and specific contract with me at my election, that it would be my duty to attend to the out-patients.

Having now faithfully submitted the merits of the case to you, and also in my communication before referred to, of Sept. 17th last, I leave myself in your hands and those of the profession at large, resting assured that I shall be vindicated in the course I have taken in the cause of truth and justice, and an unflinching devotion to our heritage in common—the dignity of the profession to which I have the honour to belong.

I am, Sir, yours truly,

Truro, Nov. 2nd, 1885. D. W. WILLIAMS, M.D., M.R.C.P.

INVERSION OF THE HEAD DURING THE OPERATION FOR CLEFT PALATE.

To the Editor of THE LANCET.

SIR,—In your last issue a letter appears from Mr. Mayo Collier recommending inversion of the head during the operation for cleft palate. This method I have used for the last three or four years during hare-lip operations, and have found it extremely useful. I obtained the hint from a paper published, I believe, in THE LANCET; but by whom it was written I forget. I am, Sir, yours faithfully,

L. W. MARSHALL, M.D.

East Circus-street, Nottingham, Nov. 9th, 1885.

GAS IN VIENNA.

PROF. BENEDICT has been calling the attention of the members of the Vienna Medical Society to the gas supplied in the city, for the examination of which a commission has been appointed by the municipal authorities. Prof. Benedict thinks it most important that the gas question should be gone thoroughly into by those competent to discuss its bearing on hygienic conditions as well as by chemists and engineers. He urges that ophthalmologists, such as Professors Fuchs and v. Reuss, should be placed on the commission, and suggests Prof. Nothnagel as a physician competent to deal with questions of respiratory pathology, and Prof. Fleischl as a physiologist. After some discussion, in which Prof. Billroth took part, it was decided to communicate with the municipal authorities on the subject.

H. H. M. (Liverpool).—One of the quickest and soundest methods of acquiring or regaining a knowledge of medical Greek is to take a classic, like Hippocrates in the edition of Littré, which has the text and a literal translation into French on the same page, to read a chapter first in the translation and then in the original, and to persevere in the practice, comparing sentence with sentence in the Greek and the French, if necessary, for an hour each day. In a far shorter time than would be imagined a familiarity with the forms and the meaning of the Greek words is obtained; so that after a few weeks the reader can follow the Greek while scarcely needing to glance at the French. The practice may also be pursued with Aretæus in the edition published for the Sydenham Society by the late Dr. Francis Adams, in which the very simple Greek text is followed by an admirably faithful English version. This was the method enjoined by Milton for acquiring both the classical languages, as a signal saving of time without sacrifice of thoroughness.

Dr. W. A. Duncan.—We have received a large number of letters on the subject, but cannot find space for them.

CAUSE OF HEPATIC ABSCESS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 31st ult. Surgeon-General Moore states that liver inflammations and abscesses are usually simply the immediate result of atmospheric vicissitudes, or, in other words, of sudden chills. Exposure has long been recognised as an immediate cause of inflammation and abscess of the liver, and is so mentioned in text-books on the subject; so that although your correspondent has condemned previously recognised opinions, he has advanced nothing to replace them. Nor does he give any explanation why Anglo-Indians should be more inclined to liver abscess after their return to Europe than people who have never lived in India. I fear we must still believe that climatic influences, or what the Surgeon-General terms "the universal Moloch, malaria," are the most frequent, and that gluttony and intemperance in some cases act as predisposing causes of inflammation and abscess of the liver. As regards the relative liability of Anglo-Indians and natives of India to hepatic abscess, we can learn nothing from Surgeon-General Moore's statistics, unless he informs us what percentage of the patients in the European General Hospital of Bombay are sailors who have never resided in the tropics "except when in hospital," nor ever had the chance to indulge in the habitual use of rich food and strong drinks, and what percentage of the patients could fairly be classed as Anglo-Indians. I am, Sir, yours faithfully,

Llandudno, Nov. 3rd, 1885. JAMES CRAIG, M.B.

L. A. H., &c.—We can only refer our correspondent to our Students' Number, Sept. 11th, p. 511.

W. F. (Birmingham).—The report will appear in due course.

"SLEEPLESSNESS IN AN INFANT."

To the Editor of THE LANCET.

SIR,—With reference to the case for which "Subscriber" invites suggestions in your issue of the 31st ult., let me strongly advise a discontinuance of all sedatives, especially chloral, as recommended by Dr. Illingworth, and to give a course of cod-liver oil. The child is evidently growing and developing beyond its nerve-power—growing beyond its strength; hence nervous wakefulness. Give the child the following mixture:—Castor oil, ℥iss; syrup, ℥i.; syrup of saffron, ℥ss. One teaspoonful four, five, or six times a day. I shall be glad to hear from "Subscriber." I am, Sir, yours obediently,

Eccleston-street, S.W., Nov. 8th, 1885. FRED. P. ANDREWS, M.D.

HOSPITAL FOR INCURABLES.

To the Editor of THE LANCET.

SIR,—It may interest some of your readers, besides the gentleman who wrote in your issue of Oct. 31st to ask if there was any hospital for incurables in the north of England, to know that there is one, situated in its own grounds, in a picturesque suburb of Leeds. It is intended for the permanent residence of ladies in reduced circumstances. There is a small charge, varying with the circumstances of the case. The matron is Miss Peake, Dagmar Lodge, Hyde-park, Leeds.

I am, Sir, yours truly,

JAMES BRAITHWAITE, M.D.,

Leed Nov. 6th, 1885 Hon. Medical Officer.

MEDICAL CHARGE OF TRANSPORT SHIPS.

To the Editor of THE LANCET.

SIR,—I shall be glad if any of your readers can advise me in the following circumstances:—During the last five months I have been acting as surgeon on board a steamer, which in May last was chartered by the British Government as a transport, and was despatched with stores, &c., to the Pacific; for my services I was paid by the shipowners. During the voyage the naval authorities placed on board three invalids, of whom I had medical charge. In such a case the Admiralty undertakes in the official regulations to pay to the medical officer on board the transport the sum of three shillings per diem, and, calculated at this rate, the total amount for which they are liable is £4 7s. This sum the steamship owners claim for themselves, alleging that any moneys so recovered are the property of the owners, and, further, that such is the usual custom. I am, Sir, your obedient servant,

Nov. 10th, 1885. H.

"SANITARY STOVE."

To the Editor of THE LANCET.

SIR,—Referring to your remarks on the above, I beg to say that I have patented a stove answering in almost every particular to the one you sketch, the larger sizes of which will be equally suitable for church, hall, school, or conservatory. I have found some practical difficulties in carrying it out, but these are now, I think, overcome, and I hope shortly to place it before the medical profession. In the mean time, I should be happy to receive any suggestions that I might be favoured with. I am, Sir, yours respectfully,

JAMES STEPHENS.

Stonehouse Ironworks, Gloucestershire, Nov. 10th, 1885.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—As so many letters have appeared in the Press suggesting that steps should be taken to check this growing evil, I shall be glad if you will be kind enough to make known the fact that an association is being formed here under an influential committee to deal with the subject, and that I shall be glad to hear from any of your readers who will interest themselves in the movement or offer suggestions.

I am, Sir, yours faithfully,

GEORGE E. MURRAY, Hon. Sec.

17, Queen Anne's-gate, S.W., Nov. 10th, 1885.

Mr. J. J. Anderson (Lightburne).—Yes, the treatment has been employed in England.

Mr. Barnes (Belfast).—We do not prescribe.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Wilks, London; Dr. Gowers, London; Prof. Wharton Jones, Ventnor; Mr. Jordan Lloyd, Birmingham; Dr. Moxon, London; Dr. Broadbent, London; Mr. Moore, Hereford; Mr. J. Cheese, Exeter; Dr. Dunlop, Fencehouses; Mr. Patterson, Belfast; Mr. Slinn, Ampthill; Mr. H. T. Wood, London; Dr. Bampton, Plymouth; Mr. W. G. Burnie, Bradford; Mr. Malins, Birmingham; Dr. Sadler, Barnsley; Mr. A. E. Barker, London; Mr. Digges, St. Louis, Mo.; Mr. Bickerton, Liverpool; Mr. Allwright, Wooburn; Dr. Dingley, Wolverhampton; Mr. Fred. Treves, London; Dr. Fergusson, Banff; Messrs. Wilson and Jones, Forest Gate; Dr. Kesteven, London; Dr. Thorn, Crieff; Brigade-Surgeon Oughton, Southsea; Dr. Andrews, London; Mr. Umney, London; Surgeon-Major Staples, Gibraltar; Mr. Bowring; Mr. J. R. Tunmer, Harrogate; Mr. Jesse, Henbury; Surgeon-Major Gray, Killiney; Dr. Thompson, Rome; Dr. Playfair, London; Mr. Ryan, London; Dr. Williams, Truro; Dr. Walther, Eastbourne; Mr. Laffan, Larnaca; Dr. Weever, Southport; Messrs. Cupples, Upham, and Co., Boston, U.S.A.; Dr. Jacob, Leeds; Dr. Hardie, Manchester; Dr. Edis, London; Rev. A. Robins, Windsor; Dr. Sinclair, Dundee; Dr. W. S. Low, Lealand Conyers; Mr. S. W. Hope, Petworth; Mr. Gemmell, Greenock; Mr. Godlee, London; Dr. Innes, London; Messrs. Horner and Sons, Aldgate; Mr. Newey; Mr. Burnett, London; Mr. A. T. Bentley, Manchester; Mr. Hooker, Bournemouth; Messrs. Krohne and Co., London; Mr. Kirkby, Leeds; Dr. Constable; Mr. Carmoul, Dumfries; Mr. Offler; Messrs. Waite and Co.; Messrs. Parkins and Gotto, London; Mr. Cooper, Durham; Mr. Shirtliff, Kingston-on-Thames; Messrs. Boulton and Paul, Norwich; Messrs. Clarke and Co., London; Mr. Infield, Brighton; Mr. Parnell, London; Dr. Blackall, Crimond; Mr. Edwards, Bradford; Mr. Bill, Toronto; Mr. Cattell, Philadelphia; Miss Sidney, Brighton; Messrs. Oppenheimer and Co., London; Mr. Petter, Yeovil; Mr. Harbridge, Kensington; Mr. Willis, Newton Abbott; Messrs. Wood and Co., New York; Mr. Cuthbertson, Leeds; Mr. Ormond, Bath; Mr. Mackie, Netting; Messrs. Wilson and Son, Manchester; Mr. C. J. Bons, Leicester; Dr. A. E. Sansom, London; Mr. Percy Dunn, London; Dr. M. C. Collins, Nottingham; Mr. Wiglesworth, Ashford; Dr. Thomas; Mr. Clement Lucas, London; Mr. P. Magnus, London; Dr. Dunlop, Jersey; Mr. R. W. Greenish, London; Mr. J. Stephens, Stonehouse; Dr. L. W. Marshall, Nottingham; Messrs. Service and Co., Glasgow; Dr. Arbuckle, Kilmarnock; Dr. Jos. Rogers, London; Dr. Warnot, Brussels; Mr. Slate, Manchester; Dr. Andrew, Shrewsbury; Dr. Collins; Mr. Marder, Martock; Messrs. Robertson and Scott, Edinburgh; Messrs. Hills and Son, London; Dr. Jeaffreson, Newcastle-on-Tyne; Messrs. Lumleys, London; Mr. Birchall, Liverpool; Mr. Stilliard; Mr. Fairgreaves, Edinburgh; Mr. Thwaites, Bristol; Observer; B.A. & M.B.; M.B., Plymouth; H.; Q.; Cedric; Beta, London; Justitia.

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Newcastle Daily Chronicle, Southport Visitor, European Mail, Fulham and Walham Green News, Birmingham Daily Post, Invergordon Times, Imperial Review, Chicago Daily News, &c., have been received.

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